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June 16, 1989

MEMORANDUM

TO: SEE DISTRIBUTION

FROM: PPC/PDPR/SI, Richard Sheppard *Richard Sheppard*

SUBJECT: Final Report: Assessment of the Afghanistan Humanitarian Relief Project

Attached is the subject final report. The following significant changes from the May 4, 1989 draft report are noted below.

1. Key Findings. Part One Executive Summary Section II paragraph 1d page 3 includes a new statement on accountability. This finding is the product of discussions with State/L, NEA and ANE/GC. This finding replaces the statement on accountability attributed to the RLA in the draft report.
2. Recommendations. The recommendations dealing with program publicity and review of the public diplomacy aspects of the program have been rephrased in both Part One, page 5 paragraph k and Part Five page 53 paragraph e. Any proposals regarding funding for dissemination on public information or quote publicity unquote would need to be reviewed by legal counsel. The thrust of our recommendations to review the public diplomacy aspects of the patient program is unaffected.
3. New Exhibits. There is a new exhibit II-3 that provides a description of the CBHA projects. These narratives were prepared by ANE/AF. Also there is a new exhibit III-9 that is a memorandum to the record prepared by LTC. Koch on sealift.
4. Organization. The section titled, "Legislative Evolution of the AHR," in Part II of the draft report is now Annex A of this final report.

Attachment
a/s

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**ASSESSMENT OF THE
AFGHANISTAN HUMANITARIAN RELIEF PROJECT
(Project 306-0206)
June 15, 1989**

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Forward

At the request of the Office of the A.I.D. Representative for Afghanistan Affairs (AID/REP), a four person team was sent to Islamabad, Pakistan to assess the on-going implementation of the Defense Department funded Afghanistan Humanitarian Relief (AHR) program, Project Number 306-0206, with the objective of identifying possible improvements. The immediate purposes of that program are the transport of humanitarian relief in the form of DoD excess and other commodities for war-affected Afghans and the medical evacuation of war-wounded Afghans for donated medical treatment in the United States and various European countries. Based on this assessment, the O/AID/REP would, if appropriate, redesign the project and develop a revised activity approval memorandum. (The current and only activity approval memorandum for the AHR was formulated in October 1987, and approved in Washington in December 1987.)

Annex A describes the legislative evolution of the AHR and Annex B is the O/AID/REP's draft scope of work for the assessment. The composition of the team is listed in Annex C.

The team carried out its work in Washington, D.C. by reviewing appropriate documents and by carrying out interviews with personnel of private voluntary organizations, A.I.D. funded contractors and grantees involved in both the AHR and other USG programs of assistance to war-affected Afghans. Interviews were also conducted with Congressional, DoD, State and A.I.D. staff involved in the operation and oversight of the AHR, many of whom exercised responsibilities over or possessed knowledge of other U.S. programs of humanitarian assistance for war-affected Afghans. In total 36 individuals were directly interviewed or contacted for specific information and documents before the team left Washington, D.C. Enroute to Pakistan one team member met with officials of the Intergovernmental Committee for Migration - an organization substantially involved in the AHR's medical evacuation program. The team also carried out its work in Islamabad, Peshawar, Karachi, and Quetta interviewing personnel of the O/AID/REP, USAID/Pakistan personnel providing relevant support services to the O/AID/REP program, GOP officials, personnel of the Commodity Export Project (CEP) contractor, and various other AID-funded grantees and contractors, (ANNEX D). Preliminary findings were presented orally and in a draft report to the O/AID/REP on May 4, 1989. A final report was submitted on June 15, 1989.

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Part One

Executive Summary

Section I

1. Introduction

a. The Office of the A.I.D. Representative for Afghanistan Affairs (O/AID/REP) requested that an assessment team with representatives from the Agency for International Development (A.I.D.) and the Department of Defense (DoD) carry out an assessment of the DoD funded Afghanistan Humanitarian Assistance Program (AHR - Project Number 306-0206). The objective was to assess the ongoing implementation of the AHR program at a time when many aspects of the provision of humanitarian assistance are changing. The team was also asked to determine whether or not there are better ways of expending DoD funds to achieve both present and anticipated future purposes. The present purpose of the AHR is two fold (1) transportation of DoD nonlethal excess and other commodities, and (2) the transportation of war-wounded Afghans for medical treatment.

b. The AHR program is a bipartisan, congressionally inspired program that was intended to rapidly provide humanitarian relief for "persons displaced or who are refugees because of the invasion of Afghanistan by the Soviet Union" Program advocates also recognized that the program would support the capabilities and resolve of the Afghan resistance against the Soviet invasion. Although the resources provided were modest relative to the needs of the Afghan people, the symbolic political value of such US support and the public diplomacy (both in the US and other countries) to be generated on behalf of the Afghan people was deemed important for achieving U.S. humanitarian and foreign policy objectives.

c. Under extraordinary circumstances, DoD, State and the A.I.D. inaugurated the program with the first flight of a C-5A to Pakistan in March 1986. The principal implementing organizations of DoD - the Office of Humanitarian Assistance (OHA) and for A.I.D. - the O/AID/REP were at the same time just getting started. Numerous problems occurred initially both in terms of the quality of materials delivered and in overcoming the substantial workload imposed on the two relatively new organizations.

d. Staffing constraints have been significantly reduced by the greater use of contract personnel by O/AID/REP and the recent addition, in early 1989 of staff to OHA. However, both OHA and O/AID/REP continue to face significant staffing constraints in meeting their organizational missions - which extend well beyond the AHR program.

e. Between FY 1986 and FY 1989 approximately \$30 million of DoD appropriations will have been spent for the transport of humanitarian relief for this Afghan program. Of this amount, \$7.6 million has been transferred from DoD through State to O/AID/REP for paying the administrative costs of the program and for acquiring additional transportation assets. DoD has expended most of its funds for the airlift of DoD excess nonlethal commodities PVO-donated commodities, and high priority, A.I.D.-procured commodities, equipment or transport assets.

Section II

1. Key Findings

a. The DoD funded Afghanistan Humanitarian Relief program meets the intent of current legislation and complements the O/AID/REP's Afghanistan Cross Border Humanitarian Assistance (CBHA) program. The AHR program makes a significant contribution to the O/AID/REP's much larger CBHA program by giving it priority access to DoD excess nonlethal commodities, the use of DoD funded regular airlift for more rapid delivery of material and equipment, and by enabling the O/AID/REP to procure a significantly greater quantity of transportation assets and capabilities for moving humanitarian relief to and within Afghanistan.

b. The Executive and Congress have developed a close working relationship in clarifying program authorities and overcoming implementation problems. This relationship must be maintained as the program faces new uncertainties regarding the overall political, military and economic situation.

c. The Soviet withdrawal has created a changed environment for the program. The O/AID/REP should anticipate increased public and Congressional scrutiny of its programs. Issues such as end-use monitoring will continue to be an important aspect of program management. To date O/AID/REP has aggressively responded to such concerns; and it will need to continue to do so.

d. Under the basic method of program implementation established, State and A.I.D. agree that O/AID/REP is acting to achieve effective accountability taking into account the unique nature and circumstances of this special program (see Part Three, Section IV)

e. In September 1987, following extensive coordination, involving representatives of DoD, O/AID/REP, the Government of Pakistan (GOP) and various Afghan groups, agreement was reached on a list of acceptable commodities likely to be available from DoD excess. Afghan needs for commodities different from the 1987 list presently exist and will increase as political and military changes allow for resettlement and possibly reconstruction.

f. To date seventy one Afghan Relief Flights (ARF) and three sealift missions, funded by DoD, have been used to support movement of commodities for this program to date. Airlift provided more timely delivery of needed cargo and remains a valued facet of the program. Sealift could become a viable, cost saving measure if timing is not a constraint. Sealift would require additional coordination on both ends of the mode. Cargo handling requirements would increase and the necessity for greater overland transportation in Pakistan must be weighed.

g. The O/AID/REP needs to carefully examine the program and staff implications of increasing the selection and transport of high valued DoD excess, specifically heavy equipment, electrical or mechanical items. The recent increased flow of medical supplies, equipment and disaster relief hospitals on DoD flights also have important program and staffing implications both for DoD and O/AID/REP in terms of quality control, inspections, accountability, storage, etc.

h. There is an increasing demand for these high valued items, but at the same time they also involve the applications of highly technical quality control. These specialized commodities also have significant recurring or program cost implications, e.g., in spare parts, repairs or maintenance.

i. For its implementation of patient medical evacuations, the O/AID/REP is to be congratulated for managing a very complicated program. The program involves six different types of organizations with both distinct and overlapping responsibilities. In addition the organizations and governments of sixteen countries are participants. Through the donations of other governments, private hospitals and doctors, free medical care, valued conservatively at \$24 million, has been provided to over 700 patients.

- j. Patients have generated newspaper, radio and television stories about the plight of the Afghan people and the Soviet invasion in almost every city within the sixteen countries where they have been placed for medical treatment. Individual members of Congress have provided invaluable assistance in the placement of patients and in the public diplomacy aspect of the program. With the Soviet withdrawal in February 1989, there is the concern that many people abroad and in the US believe the war has ended.
- k. There are too many patients waiting for placement. Depending on how patients are categorized there are between 347 to 538 patients awaiting placement as of March 31, 1989. (This backlog could grow.)
- l. An inadequate number of more easily placed women and children are being selected for medical treatment.
- m. Longterm planning for local patient care of the war wounded must be addressed soon; especially if substantial Afghan refugees and displaced persons move within or to Afghanistan. This issue is also critical because of the widespread dispersal of mines.

Section III

1. Major Recommendations

- a. The AHR continue to operate under current legislation and DoD appropriations level at least through FY 1990 and that the DoD, State, and O/AID/REP jointly determine the need for proposing legislative changes, if any, for the FY 1991 program and beyond.
- b. O/AID/REP should avoid the creation of program cost that cannot be met with CBHA resources beyond FY 1990. AHR funds utilized to acquire assets that have a recurring cost implication must be programmed or anticipated within the CBHA program. This is also true for DoD excess heavy equipment and other electrical or mechanical equipment.
- c. O/AID/REP, in coordination with the GOP, Afghan Interim Government (AIG), DoD and other concerned parties, immediately revise and set priorities within the commodities screening list. Priorities should be established by commodity, date of anticipated need and desired mode of transportation. The list should also be reviewed quarterly to incorporate necessary changes in a timely manner.

d. The O/AID/REP's expert for construction support should meet with OEA representatives in Europe to review heavy construction equipment being selected from DRMOs and agree to the condition in which the equipment will be turned over to the O/AID/REP.

e. O/AID/REP establish procedures whereby commodities received through the DoD excess system which do not meet the quality or applicability standards are identified and DoD is immediately informed so that corrective action can be initiated.

f. As the mix of commodities changes to meet the anticipated need for large, heavy and oversized cargo and construction equipment, more extensive use of sealift should be planned for by DoD and O/AID/REP. (See Exhibit III-9) DoD/OEA should also pursue to the legal extent possible use of non-US flag vessels, when US flag ships are not reasonably available, for shipment of commodities to support this program.

g. Insofar as hospitals and other medical equipment are concerned, planning must take place to intergrate these specialized commodities with the work of the CBHA's health project contractors. Direct Hire personnel will need to invest a significant amount of their time with the project component as early start up problems and policy issues are tackled.

h. In spite of the patient backlog, continue the screening process but set a quota for women and children that must be met each month in order for the program to continue.

i. Cut back the number of patients accepted during the final screening process held each month to a level not to exceed the number of patients that have been placed the previous month.

j. Authorize ICM Geneva greater use of commercial foreign flag air carriers for patients going to Europe so that placement opportunities are not lost due to timing of flights or availability of patients.

k. The public diplomacy and public information aspects of the patient program should be reviewed and possibly changed.

l. Begin to plan for an end to the patient airlift and the establishment by A.I.D. or other donors of the specialized medical center and units required for the local treatment of the war injured.

m. Explore with the Harvard University Medical School their interest in establishing a long term program relationship to rotate medical staff to specialized medical facilities which may be developed in Pakistan or Afghanistan for the treatment of war-related injuries.

n. Increase the number of coordinating meetings which involve O/AID/REP, the GOP, ICM, IMC, the ABC, et al from once a quarter to once every six weeks. Authorize ICM Geneva greater use of commercial foreign flag flights for patients going to Europe so that placement opportunities are not lost due to timing of flights or availability of patient(s).

1. SUMMARY OF DoD/Department of Defense Obligations
FY 1986 THROUGH FY 1989

Type of Activity	FY 86 Actual	FY 87 Actual	FY88 Actual	FY 89 Estimate	Cumulative Total
Airlift (SAM)	2,500,000	2,837,000	5,918,000	5,318,000	16,573,000
Sealift	0	0	607,000	700,000	1,307,000
Repairs of Hvy Equipment	0	0	0	243,000	243,000
Surface Transport	0	0	364,000	25,000	389,000
Channel Transport	0	0	0	12,000	12,000
Admin Costs	25,000	100,000	70,000	70,000	265,000
DLA Costs	0	866,000	608,000	246,000	1,720,000
GOP Reimburse	1,000,000	0	0	0	1,000,000
DD Subtotal	3,525,000	3,803,000	7,567,000	6,614,000	21,509,000
Transfer to O/AID/REP	316,275*	2,000,000	2,800,000	2,500,000	7,616,275
Grand Total	3,841,275	5,803,000	10,367,000	9,114,000	29,125,275

Airlift: Includes Afghan Relief Flights (ARF) and Pack Animal Transport (PAT) Mission

Sealift: 53 seven-ton trucks

Repairs: All repairs/inspection of heavy equipment.

Surface Transportation: Trucking expenses to stage DoD and PVO cargo to inspection points and to Adrews AFB

Channel Transport: Airlift costs on regular scheduled Military flights

Admin Costs: Travel costs/TDY associated with excess property program.

Defense Logistics Agency (DLA) Costs: Cost incurred in sorting, packing and shipping of DoD excess.

Government of Pakistan (GOP) Reimbursement: Reimbursement to GOP for government transportation in FY 1986 and FY 1987 to support ARF. Required by FY 1989 report language.

Transfer to O/AID/REP: Amount for O/AID/REP implementation of program

Except for FY86 funds, transfers are made from DoD to State then to O/AID/REP

** Funds made available from US Air Force directly to O/AID/REP for patient program screening, and transport assistance.

2. SUMMARY OF O/AID/REP OBLIGATION OF AHR FUNDS
FY 1986 THROUGH FY 1989 .

Type of Activity	FY 1986 Actual	FY 1987 Actual	FY 1988 Actual	FY 1989 Estimate	Cumulative Total
Trucks and Mules* plus associated charges	0	1,017,572	1,498,310	1,435,000	3,950,882
Retained Equipment	0	53,428	101,690	30,500	185,618
Patient Program	167,500	804,000	1,155,000	983,5000	3,110,000
Health PVO Transport Assistance	148,310	125,000	0	0	273,310
Administration charges	465	0	45,000	51,000	96,465
Annual & Cumulative Totals	316,275**	2,000,000	2,800,000	2,500,000	7,616,275

* As of 9/30/88, this largely includes the purchase of 1,064 mules, 53 seven-ton trucks, various small vehicles and refabriaction of 42 trucks. FY 1989 funds have been obligated but not yet expended.

** Funds made available from U.S. Air Force to O/AID/REP for patient program screening and transport assistance.

3. Profile of DoD Transportation Activity from FY 1986 to May 4, 1989

a. Flights

			<u>Pounds Delivered</u>
C-5	=	31	3,714,000
C-141	=	40	1,212,000
		<hr/>	<hr/>
Total ARFS		71	4,926,000
PATS	=	9	1,064 Mules

b. Total Pallet Spaces Allotted

Type of Commodities Transported

<u>DOD</u>	<u>PVO</u>	<u>AID</u>	<u>TOTAL</u>	<u>Clothing/ Misc.</u>	<u>Medical</u>	<u>Vehicles/ Equipment</u>
1,151	126	70	1,347			
85.4%	9.4%	5.2%	100%	82.4%	13.4%	4.2%

c. Since ARF 60 (September 28, 1988) Airlift Utilization has shown a marked increase in shipment of PVO, AID Cargo and medical supplies provided from all sources. Of 282 pallets delivered since ARF 60, 9 or 33% were medical equipment, supplies or medicine from DoD excess or PVO donated.

DoD = 204 pallets	72.4%
PVO = 34 pallets	12.0%
AID = 44 pallets	15.6%

TOTAL 282

d. Sealift 110,000 Pounds of refugee clothing	FY 1986
53 Vehicles for AID	FY 1987
12 Pieces of Heavy Construction Equipment	FY 1989

U.S. Government Afghanistan Programs
(\$ millions)

	FY 1985 ^{1/}	FY 1986	FY 1987	FY 1988	FY 1989	Planned FY 1990
BILATERAL	3.9	33.6	40.4	73.3	111.07	97.0
Cross-Border Program	3.9	18.9	29.9	45.0	68.0	70.0
Health Sector	--	(3.5)	(5.0)	(7.2)	(13.75)	(15.0)
Education Sector	--	(1.1)	(3.0)	(6.35)	(7.0)	(8.0)
Agriculture Sector	--	(0.6)	(1.5)	(4.5)	(14.8)	(18.0)
Commodity Support	--	(3.8)	(10.1)	(16.2)	(17.7)	(14.0)
PVO Co-Financing	(3.9)	(9.4)	(9.1)	(6.6)	(7.0)	(7.0)
Rural Sector	--	--	--	(3.0)	(7.0)	(7.0)
USIA Afghan Media	--	--	(0.6)	--	--	--
Tech Services/Support	--	(0.5)	(0.6)	(1.2)	(0.8)	(1.0)
PL 480 Title II	--	10.9	4.7	18.0	33.07	17.03^{3/}
Commodity	--	(8.9)	(2.6)	(7.5)	(20.29)	--
Ocean Freight	--	(2.0)	(2.1)	(4.5)	(6.78)	--
Internal Transport	--	--	--	(6.0)	(6.0)	--
McCollum Program	--	3.8	5.8	10.3	10.0	10.0
Patients & Other A.I.D. Costs	--	(0.3)	(2.0)	(2.8)	(2.5)	--
Trans. & Other DOD Costs	--	(3.5)	(3.8)	(7.5)	(7.5)	--
MULTILATERAL	67.8	49.55	67.9	68.7	63.05	80.00
Refugee Programs in Pakistan	67.8	49.55	67.9	68.7	43.8	54.0
UNHCR	(22.0)	(18.97)	(21.6)	(16.0)	(20.0)	(17.0)
WFP	(40.2)	(25.28)	(37.5)	(33.0)	(18.3)	(35.0)
Volags and Other	(5.6)	(5.30)	(8.8)	(3.0)	(5.5)	(2.0)
Response to UN Appeal of 6/88	--	--	--	16.72 ^{2/}	--	--
WFP Cross-Border Food	--	--	--	--	14.75	--
Other UN	--	--	--	--	2.0	10.0
Mine Clearing	--	--	--	--	2.5	16.0
Coordinator's Trust Fund	--	--	--	--	--	--
GRAND TOTAL	71.7	83.15	108.2	142.0	174.12	177.00

^{1/} \$8 million was made available in FY 1985; \$4.088 million of which was carried over into FY 1986.

^{2/} 80,000 MT of wheat and 3,000 MT of non-fat dried milk was approved in FY 88 as an advance against the U.S. Government's FY 89 pledge to the WFP food program for refugees in Pakistan.

^{3/} Would have to come from PL 480 reserve.

^{4/} This includes \$70 million in both FY 1990 and 1991 from the regular A.I.D. budget.

DATE ISSUED: 6/5/89

Part Two

Background And History

Section 1

1. Introduction

a. The FY 1985 DoD Authorization Act contained a sense of the Congress clause stating that DoD should provide excess property to the Afghan people. Such a resolution did not give DoD legal authority to donate non lethal excess property for humanitarian assistance to the Afghans or any other recipients. Consequently, in the FY 1986 law, Congress enacted Section 2547 of Title 10 which authorizes the Secretary of Defense to donate nonlethal excess property for humanitarian purposes. The authority required the Secretary of Defense to transfer such property to the Secretary of State who would be responsible for the distribution of such property to recipients. This authority was and is worldwide in scope. The Department of Defense pointed out at the time that such authority would be quite ineffective without the means of getting the humanitarian supplies to the respective recipients because most, if not all, had no means to access, pack and fund transportation for these commodities. Congress made the authority in Section 2547 viable at least for Afghan recipients by approving transportation authority and funding to move the commodities. (See both Exhibit II-1 and Annex A)

b. In FY 1986 the sum of \$10 million dollars was appropriated by Congress "for the purpose of providing transportation for humanitarian relief for persons displaced or who are refugees because of the invasion of Afghanistan by the Soviet Union." (Section 305 of public Law 99-145, Defense Authorization Act) In the conference report language, the conferees made two critical judgments that affected the administration and content of the program. First, the conferees agreed that the program could also be utilized for transportation of individuals (war wounded) for medical treatment. Second, the conferees also agreed that the distribution of humanitarian relief (i.e., the actual in-country delivery of assistance) should be the responsibility of the Department of State and that the conferees did not want to create a new foreign aid or refugee assistance program within the Defense Department. There were other reasons for limiting DoD's role; viz, the foreign policy implications and sensitivities of a U.S. military presence - even for humanitarian purposes - within Pakistan; and the desire to

emphasize the humanitarian nature of the program. For these reasons and others elaborated below, the A.I.D. Representative for the Afghanistan Humanitarian Assistance Program was tasked with the responsibility for in-country delivery of the assistance (see Exhibit II-2).

c. Beginning in March 1986, Air Force cargo planes (both C-5 and C-141) travelled on average twice monthly from Andrews Air Force Base to Islamabad to deliver DoD nonlethal excess property (e.g. blankets, clothing, sleeping bags, medical supplies and twelve ambulances), to pick up war-wounded Afghan patients for free medical treatment in U.S. and European hospitals, and to return patients after treatment.

d. While the level of support provided by these flights was not considered to be very significant compared to the logistical and medical needs of the Afghan resistance, the symbolic political value of such U.S. support and the public diplomacy (both in the U.S. and in other countries) to be generated by the Afghan patients was immense. As explained later, operational and start-up problems resulted in only \$3.8 million out of the \$10 million available actually being expended in FY 1986. This expenditure increased to \$5.8 million in FY 1987, \$10.4 million in FY 1988, and a projected level of \$10 million in both FY 1989 and FY 1990.

e. Cumulatively, \$19.9 million have actually been obligated between FY 86 and the end of FY 1988 and an additional \$20 million are projected to be spent for this program in FY 1989 and FY 1990. Of this total between FY 1986 and FY 1989 the O/AID/REP has received \$7.6 million. These funds have enabled the O/AID/REP through contracts and grants to provide vehicles and 1,064 pack animals to the Afghan resistance for transportation into Afghanistan of humanitarian commodities from all sources and to screen war-wounded patients and arrange for their care abroad from hospitals and doctors that have donated their services.

2. The Cross Border Humanitarian Assistance Program

a. To understand the significance of the AHR program over time and how its method of implementation has evolved it is essential to have an understanding of the A.I.D. administered Cross Border Humanitarian Assistance Program (CBHA).

b. To relieve the suffering of the many Afghans who have been unwilling or unable to leave their war-torn country, the United States Government - encouraged by Congressional and public pressures initiated in FY 1985, the Cross-Border Humanitarian Assistance (CBHA) program. This program is administered by A.I.D. and is separate from the United States program for Afghan refugees in Pakistan, which is the responsibility of the Department of State. It was not lost on program advocates - within Congress, the Executive and the public, that the provision of humanitarian relief would also help to strengthen the resolve and capability of the Afghan people to support the cause of the resistance against the Soviet invasion and its puppet government. Thus the program was designed with both humanitarian and foreign policy objectives in mind. These foreign policy objectives include facilitating the emergence of a politically stable nonaligned Afghanistan with a government that is determined by and acceptable to a majority of the people of the country.

c. The CBHA was initiated in fiscal year 1985 with a budget of \$8 million. Of this amount, about \$4 million was spent in FY 85 for co-financing private voluntary organizations and the balance was carried over into FY 1986. The program has grown exponentially since that time. In FY 1986 the program was nearly \$19 million and almost \$30 million in FY 1987. In FY 1988, \$45 million was provided in addition to \$18 million under Public Law - 480 Title II grant assistance. In FY 1989 the CBHA program has increased to \$68 million and the PL 480 program was \$33 million.

d. During the first year of implementation, private voluntary organizations (PVOs) were the only channels available to A.I.D. for reaching Afghans inside Afghanistan. However, early in FY 1986, the U.S. Government made a policy decision to assist the seven parties of the Afghan Resistance Alliance in its effort to plan and execute humanitarian assistance programs and to, at the same time, continue its support to the PVOs. This two-pronged approach was designed with certain benefits in mind. PVOs provided access to Western expertise as well as experience in Afghanistan and had been instrumental in promoting the cause of the Afghan people to Western governments, the Western press and the Western public. By working with the Resistance, A.I.D. also could help create viable Afghan modalities of delivering humanitarian assistance for agriculture, health and education, as well as provide a system to procure and deliver food, cash and other commodities. By relying upon Afghan

delivery mechanisms, A.I.D. hoped to extend the program's reach into remote areas into which the PVOs have no or limited access. Specifically, A.I.D. financed activities through the resistance fell into five projects that were designed in the Spring and Summer of 1986 and form the core of the current CBHA program. The project which has been most closely linked with the AHR is the Commodity Export Project (CEP). (A fuller description of CBHA program projects is at Exhibit II -3)

- 1) Commodity Export Project - This project provides war-affected Afghans with a range of humanitarian goods which include food, medical supplies, shelter, and related items. The project also provides vehicles and pack animals that are critical to the transport and distribution of goods. Under the project, the Resistance helps identify the goods for which there is the greatest need and makes delivery inside Afghanistan. A firm under contract to A.I.D. handles procurement of the goods as well as logistics and commodity accounting within Pakistan.
- 2) The CEP recently began to provide support to an Afghan Construction and Logistics Unit. This Afghan Unit is delivering food and other commodities financed by A.I.D. inside Afghanistan and is likely to soon begin making deliveries for other donors as well. The Unit also carries out road construction and maintenance that will facilitate the movement of goods and people. Some \$27 million has been obligated to date and the Life-of-Project has recently been amended for a total of \$77 million.

Section II

1. Getting the CBHA and AHR Started

a. The Congress' unanimous earmarking of \$8 million for Afghan humanitarian assistance in FY 1986 was an indication of Congressional interest in and approval of the humanitarian program. This was further evidenced by Congress enacting a "notwithstanding" clause which plays a useful implementing role in the CBHA. (Section 904: The President may make available funds for the provision of food, medicine or other humanitarian assistance to the Afghan people, notwithstanding any other provision of law.") This was

another clear signal that the Congress wished the U.S. Government to act and carry out the program as expeditiously as possible. Popular sentiment for U.S. humanitarian assistance was further underscored by approval of the PL-480 Title II provision of food commodities in FY 1986 and an amendment to the Defense appropriations bill authorizing \$10 million dollars for DoD transport of humanitarian relief, i.e. the AHR program. Clearly there were expectations of rapid implementation. However, foreign policy issues and unusual operational conditions required that various understandings, agreements and arrangements be negotiated.

b. Government of Pakistan: Since the Government of Pakistan (GOP) was risking a conflict with the Soviet Union by providing support for the Afghan people the GOP was concerned about the additional risk that might be involved in a CBHA program run by the U.S. Government and by the arrival of U.S. military aircraft in Pakistan regardless of the humanitarian content of such flights. The GOP did tolerate a certain amount of cross-border humanitarian assistance if done in a low profile manner. Ultimately the GOP permitted the CBHA and AHR program but on conditions that the GOP would maintain tight surveillance over it, the program would be assistance to Afghans still in Afghanistan and there would be no publicity of the program in Pakistan. This understandable desire to maintain a low profile was also based on to local political considerations which GOP officials felt required that there be no publicity within Pakistan. On the other hand they actively supported the patient evacuation program which had potentially significant public diplomacy benefits for the Afghan cause. This GOP position still met the objective of some in Congress and various interest groups who saw the AHR program in particular as an extension of U.S. public diplomacy efforts and a way to increase public understanding and participation in the program to support the Afghan cause (e.g. the provision of free medical care for war-wounded Afghans in the U.S. and European countries).

c. The Executive Branch: The Department of State, the Agency for International Development and Department of Defense struggled to rapidly carry out the new Congressionally initiated authorities and appropriations for the Afghan cause. In terms of broad U.S. foreign policy objectives there was a shared commitment between the Executive and Congress on the United States Government support of the Afghan resistance and assistance in meeting humanitarian needs. However, it was also clear within the Executive that the programs would face unique operational circumstances. Among them were these:

- 1) Because U.S. Government policy prohibited (and still does) U.S. personnel from entering Afghanistan, A.I.D.'s ability to apply normal standards of accountability and monitoring of end-use would be severely limited. It seemed inevitable that there would be allegations - legitimate or not - of diversion or fraud that could undermine U.S. Government support of the Afghan cause or the credibility of the U.S. foreign assistance program in Afghanistan and elsewhere.
- 2) The actual delivery and distribution of humanitarian assistance would require reliance on Afghan resistance forces and the use of non-traditional intermediaries. Although the authorities establishing the basis for A.I.D.'s CBHA included a "notwithstanding other provisions of law" clause, the law referred only to the "Afghan people" (Section 904, PAA). The DoD authorization for transportation of humanitarian relief directed assistance for "humanitarian relief for persons displaced or refugees because of the invasion of the Soviet Union." (Section 305 DoD Authorization for FY 1986). The DoD authority to transfer nonlethal DoD excess property for humanitarian relief (Section 2547) was itself silent on who might be the recipients of the property transferred to State. It should be noted that Section 2547 did not exclude combatants as recipients.
- 3) The appropriateness of A.I.D. carrying out the programs was debated within State and A.I.D. In its many appropriation battles for foreign assistance funds, A.I.D. was frequently caught between those who sought to direct its programs entirely towards long term economic development and those who sought to more closely link economic assistance with U.S. military and security programs.
- 4) Questions regarding the requirements for end-use monitoring and accountability were also troubling because A.I.D. had detailed requirements designed for more conventional programs. It was also not clear who would determine the method of in-country implementation for the DoD program. This was a matter of extended negotiations with the GOP.

- 5) The O/AID/REP itself was only getting started. In September 1985 there was only the O/AID/REP and his secretary. Subsequently, two professionals arrived in January 1986 and a third in March; a small secretarial staff was added. This small group undertook to design five new projects to be implemented under unique circumstances for A.I.D. In addition the staff had to contend with beginning a PL 480 wheat program which had its first shipment of 20,000 tons by the end of FY 1986 and in March 1986, the first arrival of a DoD flight to deliver commodities and begin a patient evacuation program. Indeed contractor support would not begin to become available until the ninth flight - within two days of that contractor's arrival in August 1986.
- 6) The DoD's Office of Humanitarian Assistance (OHA) was also in its first year of operation, start-up and the implementation of several programs in addition to Afghan Relief. In September 1985 the OHA consisted of a Director who was a Senior Executive Service schedule C Appointee, a secretary and a 90 day temporary hire Reserve Officer. By year's end, OHA added two military officers to assist the Director. This staff size operated until late 1987 when an additional civilian employee was added to the staff.

d. The Director of OHA convened an interagency task force to plan and implement the Afghan relief program, secured a Secretary of Defense signed memorandum to DoD agencies directing support of the program, and worked closely with Defense Logistics Agency and Military Airlift Command to access materiel and schedule the first C-5 combined commodity airlift and patient evacuation. Prior to the Intergovernmental Committee for Migration (ICM) assuming patient responsibilities, the OHA was an integral part of the State and AID/ANE patient placement process. Other major functions of the OHA at this time were coordination and implementation of other major DoD Humanitarian/Civic Assistance authorities including coordination of DoD's participation in international disaster assistance.

e. As one recent AID/W review describes it: "The uniqueness of this program not only derives from its cross-border nature but also from its inherent tensions. The O/AID/REP and his staff must delicately balance operational relationships (AID/ANE, USAID/Pakistan, and PVOs) with political relationships (GOP's "existing mechanism"; the 7-party Alliance, Embassy/Islamabad, other embassies, and the U.S. Congress) just as they must balance short term, war-related humanitarian objectives with long term developmental concerns. Throughout all, they must weigh expediency against responsible resource management in facing the sometimes equally compelling priorities of war casualties and accountability audits." In addition, the O/AID/REP could not directly deal with a host or cooperating government recognized as legitimately representing the majority of Afghans. Instead there were at that time:

- 1) the seven Afghan political parties recognized by the GOP;
- 2) the Islamic Unity of the Afghan Mujahideen (IUAM), or Alliance, an umbrella organization of the seven parties which had little staff or organization of its own and which has since been displaced by the Afghan Interim Government (AIG).
- 3) the Government of Pakistan (GOP), which has been providing a safe haven and assistance to the refugees since the beginning of the war.

g. The Congress: The Congress wanted the various authorities and funds appropriated to be used as quickly as possible in supporting the Afghan cause. Delays in getting the AHR program started in the field raised questions to some as to the willingness of A.I.D. to make that program work. Issues raised regarding implementation appeared to some Congressional staff as excessively legalistic or irrelevant in light of Congressional consensus. This created some tensions which led to consultations in Washington and Congressional members and staff visits to the O/AID/REP. There were also visits by GAO, the Inspector General's staff, early in the program's development and implementation. In retrospect this tension was invaluable in several respects.

- 1) It led to the development of a pattern of informal consultations that allowed Congress and the Executive to work out implementation problems or gaps in authority.
- 2) It ensured that key participants understood the unique operational circumstances faced by program managers, such as accountability and end-use controls.
- 3) It encouraged the O/AID/REP to frequently explain and reexamine his programs and plan for improvements in its design and implementation.
- 4) It ensured that there was shared political accountability for the basic method of program implementation in meeting the humanitarian needs of the Afghan people and that this method would also support the cause and capabilities of the Afghan resistance.
- 5) It caused frequent A.I.D./W, State, DoD and O/AID/REP consultations in the early stages of the program.
- 6) It compelled DoD to tighten quality control for the excess commodities selected and transported. Although the system of selection was and is largely supply driven, it increased DoD efforts to accommodate O/AID/REP's positive list of needed commodities and equipment.

Part Three

Assessment Of The Commodity Portion Of The Afghanistan Humanitarian Relief Program

Section I

Selection of DoD Non-Lethal Excess Property

1. Background

a. DoD, STATE, O/AID/REP and GOP counterparts worked closely in the beginning to define and establish operational functions. In the Fall of 1985, an informal interagency task force was formed with representatives from the Department of Defense (DoD); the Agency for International Development, and State Department. The purpose was to plan and implement the excess property transportation and patient programs for Afghanistan.

b. During this period, the Department of Defense's Director of Humanitarian Assistance (OHA) traveled to Pakistan and met with the AID Representative and various Government of Pakistan (GOP) and Afghan groups. The result was agreement on a list of acceptable commodities that could likely be provided from DoD excess property. The last list was issued September 1987 (Exhibit III-1). There has been, with one major exception discussed later, only minor changes to items composing the list from the time of its inception to present.

c. DoD efforts were initially centered on energizing the Defense Logistics Agency (DLA) to perform the functions of accessing certain supplies at each individual Defense Reutilization and Marketing Office (DRMO) and shipping those commodities to a loading point (originally Andrews Air Force Base, Maryland) for palletizing and onward shipment. Quality control in this system was determined primarily by the shipping DRMO, and sometimes resulted in subjective determination as to quality and usability. Unfortunately, on a few occasions, DRMO shippers did not adhere to standards and an unacceptable quantity of unusable commodities was delivered in mid-1986 which resulted in halting the airlift until an acceptable quality control system was put in place. Subsequent expanded legislative language was placed in the FY 1987 legislation permitting DoD expenditures to cover the administrative costs associated with the inspection process.

d. DoD excess property is presently undergoing 100% inspection at all CONUS and European inspection and packing points. The result has been a system that has provided improved quality and negligible complaints from recipients.

e. The availability of DoD excess has held fairly constant over the life of the program. Shortages in variety of desired items seem to be offset by windfalls of specific items resulting in a constant supply of usable commodities. As budget cuts continue, DoD has noticed a tendency of units and individuals to delay turn-in of items. This has been offset somewhat by greater efficiency of DLA DRMOs in accessing that which is available.

f. However, a consistent flow of one C-5 and one C-141 flight per month have been maintained until recently when the C-141 patient flights decreased to bi-monthly due to decreasing ability to place patients in medical facilities abroad. OHA has found it necessary to cancel only one Afghan Relief Flight (ARF) since the inception of the program due to lack of sufficient cargo. This was during a period of expanded flight operations.

g. As of May 4, 1989, DoD has selected and transported approximately 4.1 million pounds of excess non-lethal DoD property to the O/AID/REP Afghanistan on a total of 71 ARF missions. In addition, DoD is in the process of sealifting 12 pieces of heavy construction equipment made available from DoD excesses in Europe. These pieces include 4 scoop loaders, 2 graders, and 3 tractor/scrapper sets. The equipment has been repaired by DoD at a cost of \$143,000 so that it will be safe and operational. Transportation will cost approximately \$110,000.

2. Selection Process

a. The Office of Humanitarian Assistance works closely with the Defense Logistics Agency (DLA) in accessing DoD excess property.

b. As a largely supply driven system, DLA can only provide quantities and types of commodities that are in the system at the time the request is made. Over time a permanent "positive list" has been developed and is currently used by DLA for screening excesses for items to support the Afghan program. The current list, dated September 1987, was amended in December 1987 to include combat boots (Exhibit III-1). Occasionally, DLA notifies OHA of a significant supply of a particular commodity that may be available and could support the program but is not on the current screening list. This information is cabled or telephoned to O/AID/REP for determination.

c. On July 8, 1988 O/AID/REP cabled a request to DoD that it determine the availability of road building and bridging materials, including especially prefabricated bridges (Islamabad cable 14563). This cable was followed by a July 21, 1988 cable from the O/AID/REP specifying the quality and condition of the equipment needed (Islamabad cable 15639). The cable also described the capability and level of repair that the O/AID/REP could support in 6, 12 month and 3 year periods. It also requested that a source of spare parts be identified. These cables have major implications on the screening process and other aspects of the AHR program.

d. It has been established that OHA accessing is allowed the same priority as DoD military units in screening excess property. However, by agreement within DoD, OHA does not claim material until after the initial 21 day screening period. This delay allows other DoD components priority to access the property.

e. Historically, the vast majority of the clothing items required for the Afghan program and turned in as excess, were never reclaimed by other military units and were therefore immediately set aside for the Afghans. However, DLA recently implemented a program titled H50 which potentially could reduce the amount of clothing products available to the AHR. This program allows for DoD excesses with a value of less than \$500 to be immediately declared surplus which then removes it from the materiel available for screening and instead offers it for open bid sale through the disposal system. The purpose of H50 is to reduce DLA's administrative and inventory overhead costs. However, the Office of Humanitarian Assistance (OHA) has worked closely with DLA/DRMS on this issue and in May 1989 DRMS headquarters notified DRMO regions that the AHR program would be exempted from the H50 programs.

f. The following by-step procedures apply for those O/AID/REP approved items contained in Exhibit III-1.

- 1) The Defense Reutilization and Marketing System Headquarters (DRMS) located at Battle Creek, Michigan notifies the CONUS and European DRMOs of the most current Afghan requirement.
- 2) DRMOs select items as they pass through receiving if the condition complies to that given in Exhibit III-1.

- 3) Commodities selected by DRMOs in the eastern United States are sent to Mechanicsburg Army Depot, Pennsylvania and the remainder are shipped to Ogden Army Depot, Utah. Depots inspect, pack, crate, label and eventually ship the items to Andrews AFB. Individual European DRMOs inspect, pack, label and ship to Rheine-Main Air Base for storage and eventual pick-up by a scheduled ARP mission. Detailed DLA procedures outlining standards, packing, labeling and shipping instructions and other operational program functions are attached as Exhibit III-2.

g. Selection of heavy equipment differs from the regular selection process in that OHA personnel inspect each piece of equipment. OHA has in the past also required technical inspections of heavy equipment and vehicles and will continue to do so in the future. Also, O/AID/REP has, as noted above, defined certain quality and serviceability standards for such equipment (Islamabad cable 15636, dated July 21, 1988).

h. Clarifying language in the FY 1989 Senate Authorization report allows the repair of heavy equipment items using DoD funds administered by either DoD or State Department. This authority and funding will allow equipment to be repaired to a safe, operating condition but this does not mean such repaired equipment is "like new".

3. Competition for Resources

While the DoD permanent excess property authority, Section 2547, is worldwide in scope and \$3 million of transportation funds are available for worldwide support, there has been little adverse impact on the DoD portion of the AHR program. However, State has used the funds transferred by DoD to support another country program.

4. Issues

a. Do the items specified on the screening list (Exhibit III-1) meet the needs of the Afghans?

b. Should the screening list be updated on a regular basis?

- c. Does the inspection process insure that only quality items are selected for shipment?
- d. Are DLA's standards for packing, crating, labeling, and shipping (Exhibit III-2) adequate?
- e. What special problems are incurred when equipment (vehicles and heavy construction equipment) is repaired to a safe, operating condition prior to shipment?
- f. If commodities are changed, can air shipment still be used; will ocean shipment be required or a combination of both?
- g. Is there an adequate supply of appropriate excess property that can be easily identified for support of the Afghan program relative to the availability of funds for repair and transportation?
- h. Will competing demands from the worldwide aspect of the overall program decrease the availability of excesses to support Afghanistan?

6. Findings

- a. Through discussions with personnel throughout O/AID/REP logistics channels it was learned that several items reflected on the 1987 screening list are either not required or required in lesser quantities, e.g. fatigue shirts, trousers, backpacks, boots, packboards etc.
- b. As Afghans return to their homeland their requirements will be for commodities that help them resettle quickly and these needs will frequently change as resettlement progresses to rebuilding infrastructure.
- c. Early in the program quality control was poor. Revised inspection standards have reduced the magnitude of the problem; however, items are still being shipped that are inappropriate or do not meet the desired quality standards. Government of Pakistan (GOP) counterparts estimate that 5-15% of items received cannot be used.

d. DLA's standards for packing, crating, labeling, and shipping are adequate.

e. Equipment to be repaired by DoD must be integrated into the workload of an active military maintenance facility. Thus, equipment for this program could be backlogged for a considerable period because of the higher priority that must be given to "mission essential" equipment repairs of military units. Extensive coordination is also required through military channels to effect the maintenance and ensure that it is accomplished only to the standard desired for this program. The recipient routinely anticipates the arrival of equipment that has been rebuilt to "like new" standards when in fact the equipment has been repaired to a safe, operational standard. And finally, repair parts to support this equipment are not available from the DoD excess property program and must be planned and budgeted for by the recipient.

f. Depending upon the size of aircraft available to support the program in the future, some heavy equipment may be shipped via air along with other commodities. However, as requirements for heavy/over-sized equipment increase so does the requirement for use of sealift.

g. The addition of two personnel to the OHA office in early 1989, one of whom has extensive experience accessing the DLA system, will improve the quantity of cargo available. At this time, OHA foresees no further reductions in the quantity of DoD excess property available to support AHR.

h. The two primary programs which could be seen as possibly providing competition for commodities are those in support of Chad and the Cambodian Non-Communist Resistance. However, these countries draw on largely dissimilar items. For instance, Chad, which has had 6 C-5 flights over the past 2 years relies heavily on Meals-Ready-to-Eat (MREs), cloth material and summer clothing. At this point, based on the current screening list and discussions with personnel during the assessment, OHA believes its worldwide program will have a negligible effect on the Afghan program.

Section II

The Approval Process Associated With Transport of DoD Excess, Donated Items and AID Procured Commodities and Equipment

1. Background

Approximately 800,000 pounds of PVO-donated cargo and A.I.D.-procured commodities and equipment have been shipped from Andrews AFB, Maryland to Pakistan via DoD airlift. Types of cargo vary but examples are medicines for Freedom Medicine; AID procured equipment, blankets, boots, vehicles and lowboy trailers; two pallets of communications equipment for USIA; hospital equipment for PVOs and disaster hospitals for the Alliance. DoD contracts through military channels for commercial movement of PVO cargo to Andrews AFB prior to its onward shipment via military airlift.

2. Description of Process

a. DoD Excess. After O/AID/REP has approved the commodities offered by OHA from DoD excesses, transportation is requested by OHA through State Department. Exhibit III-4 is a sample transportation request. A flight schedule based on materiel available and budgetary constraints is coordinated between OHA and O/AID/REP. The current schedule (Exhibit III-5) calls for a monthly C-5 and a bi-monthly C-141 medevac. Sealift is scheduled on an "as required" basis at the request of the O/AID/REP. Two sealifts have been accomplished thus far; an American Manufactures Export Group (AMEG) shipment of 53 vehicles from Japan in FY 1988 at a cost of \$606,929 and a shipment of clothing in support of displaced Afghans in FY 1986. A third sealift for movement of 12 pieces of heavy construction equipment from Germany is scheduled to arrive in Karachi on June 15, 1989.

b. Privately Donated Cargo. All requests to transport Private Volunteer Organization (PVO) cargo must be approved by the AID/REP office. When OHA receives inquiries from PVOs, they are immediately referred to AID/ANE/AF or O/AID/REP Islamabad. Approved requests

are cabled from O/AID/REP to SecState and SecDef OHA (Exhibit III-6). Cargo pickup is then tasked by OHA to DoD transportation which schedules commercial carriers to deliver materiel/supplies to Andrews AFB for palletizing and onward shipment. DoD will on occasion cover the cost of transporting commodities within the United States to Andrews AFB if the cargo is desired by O/AID/REP.

- 1) Packing and quality of supplies is left to the PVO and the contents are not inspected by DoD. Each box must be clearly marked for its designated consignee. Responsibility for coordinating O/AID/REP's approval and conditions for shipment from the PVOs rests with AID/ANE/AF.
- 2) DoD General Counsel has ruled that US PVO cargo can be hauled either in conjunction with or exclusive of DoD excess. Foreign PVO cargo can only be carried on a space available basis.
- 3) Fewer than a dozen PVOs regularly use this program. A number of these are AID funded grantees or contractors with operations both in the US and in Pakistan. Consequently there has been a fairly good self-policing process of commodity selection. Nonetheless, early on there were major complaints that inappropriate items were being shipped. O/AID/REP staff has provided limited guidance to PVOs wishing to participate in the program and standard "dos and don'ts." AID/ANE/AF will also occasionally discuss with PVOs suitability of proposed donations. The percentage of PVO cargo moved on DoD flights in this program is 9 to 12 percent, but it is unclear whether or not this will change.
- 4) Based on a review of transportation requests, in the first two years of the program it appears that most PVO donations were directed to the seven party alliance. More recently most PVO donated items are consigned to other PVOs.

c. A.I.D.-Procured Items. DoD may also transport A.I.D. or A.I.D. contract items that are used specifically for the Afghan humanitarian cross border operation. Shipment of this cargo on regularly scheduled ARF missions is a common practice but does not usually displace DoD cargo unless requested by the O/AID/REP.

d. An ongoing effort budgeted by DoD is the Pack Animal Transport (PAT) flights by which 9 shipments of A.I.D.-purchased mules, purchased using AID appropriated funds or DoD funds transferred to AID, have been transported aboard the commercial carrier, Flying Tiger. These flights are funded by DoD. Each flight carries approximately 114 mules. The program is scheduled to end with PAT 10 on May 16, 1989.

3. Issues

- a. Is the approval process functioning as designed and does it fulfill the intent of the program?
- b. Is there a systematic review (by representatives of concerned parties) of problems encountered with the approval/shipment process?
- c. Should the Pack Animal Transport program be curtailed as scheduled?

4. Findings

- a. Discussions with various program participants reveal that the approval process and transportation system are satisfactory and are meeting the present needs of the program. However, requests for transportation of cargo could increase significantly should resettlement of refugees occur or requirements for emergency aid become widely publicized.
- b. Complaints were voiced to the team which addressed problems which had occurred in the past but were perceived by some to have yet not been fully resolved. For example, the appropriateness of some items shipped and the adequacy of communications between Washington and the field were cited.
- c. The animal holding facility (for mules) currently contains 22 mules which are being trained as draft animals. They are also used in the training of Afghans on the care, loading, feeding, grooming, etc., of mules. This is necessary as there are significant differences between US mules and those indigenous to Afghanistan and Pakistan. It is the consensus of most persons the team interviewed that the transport of mules for pack animals has provided a much needed mode of transportation but should be curtailed as scheduled. The value of US mules as draft animals to the future resettlement of Afghanistan was not within the scope or charter of the team.

Section III

Efficiency of the Commodity Delivery System

1. Background.

The commodity delivery system has been dictated by several factors; the primary factor is security (low visibility) and the other is responsiveness. Since the beginning of the program, airlift has been determined to be the preferred method of transportation and was specifically requested by the GOP and agreed to by State Department in accordance with the legislation which allows shipment by other than the most economical means if in the national interest.

2. Transportation Systems

a. CONUS. OHA uses the most cost efficient means of transportation within CONUS. Excess property is trucked from the various DRMOs to its inspection points then freight forwarded to its point of departure, usually Andrews AFB. On occasions when cargo is critically needed on short notice to be transported on a specific ARF mission, OHA has authorized the air transportation of such goods.

b. CONUS Military Airlift (DoD flights)

- 1) Delivery is direct to Islamabad airport and transferred to the O/AID/REP which immediately turns the commodities over to the GOP counterpart for distribution. (Note recently commodities are now moved from the plane to a warehouse jointly controlled by the GOP and O/AID/REP).
- 2) DoD airlift simplifies importation procedures. [A major reason PVOs also highly value their access to DoD airlift]
- 3) ARFs are billed the DoD rate because they are humanitarian assistance flights, thus making military air considerably less expensive than commercial airlift.
- 4) For various security reasons, the GOP prefers the use of military airlift and has favored its use since the inception of the program.

c. OHA has used sealift on two occasions upon the request of the O/AID/REP. As a general rule, sealift of commodities would be considerably less expensive. To land-sea transport 70 tons, the approximate payload of a C-5, of non-perishable commodities from Andrews AFB to Karachi Pakistan would cost an estimated \$100,000. In-country Pakistan costs are not included. By comparison the estimated costs, of airlift from Andrews AFB, MD to Islamabad is:

C-5 - \$250,000 Approximately 70 tons per flight.

C-141 - \$130,000 Approximately 20 tons per flight.*

(Note: The C-141's much lower capacity is dictated by the fact that it can only carry 8 - 9 aircraft pallets due to its medevac requirements.)

d. In terms of operational efficiency, the use of airlift is most effective. Commodities are controlled and accounted for by DoD up to the point of turn over to the O/AID/REP. If any other mode of shipment were used, it would most probably require the DoD to relinquish direct control and at the port of departure from CONUS.

3. Issues

a. Can flights land in Peshawar to reduce overland movement requirements?

b. Can the commodities that are presently being airlifted be sealifted?

4. Findings.

a. GOP representatives are concerned with maintaining a low profile. Therefore flights are landed in Islamabad. Due to continuing security problems, it is unlikely that ARFs will be allowed to land closer to the border in the foreseeable future.

b. Airlift provided more timely delivery of needed cargo and remains an essential facet of the program to date. In the future, sealift could become a viable alternative to airlift if timing is not a constraint. However, sealift also requires additional coordination on each end of the transportation system, increased cargo handling requirements, and the overland transportation requirements, especially in Pakistan, increase significantly. In light of the cost savings to the DoD AHR program, sealift is a desirable mode. The savings generated could support repair of additional equipment and transport of more bulk commodities to ports.

Section IV

Commodity Management, Control and Accounting Procedures

1. Background

a. By October 1987, after 18 months of implementation experience the AID/REP would report, "a smoothly running operation is in place." [AAM dated October 1987 - p. 30] Nonetheless, the memorandum also stated:

- 1) "The requirement for this success has been an extraordinary coordinated support effort among the involved departments and agencies, GOP, contractors, and Alliance representatives in which timing of each action is crucial. The cost has been a vastly disproportionate burden of effort falling, particularly on O/AID/REP staff."

b. This aspect of the AHR program has more than any other occupied the attention of program managers in the O/AID/REP office, State and A.I.D./Washington. At the inception of the CBHA and AHR programs there were extensive consultations with Congress and within the Executive Branch on how to monitor end-use of humanitarian commodities when the ultimate beneficiaries were located in Afghanistan and United States policy prohibited U.S. direct hire personnel or contractors from entering that country. This policy continues. Representatives of the A.I.D.'s Inspector General and the General Accounting Office have also examined this issue. Various Congressional delegations, individual Congressional members and staff members have visited the O/AID/REP or received visits from the O/AID/REP which involved discussion of this aspect of the program.

c. Although the issue of monitoring commodities once they arrive in Pakistan has been the focus of this attention, the role of DoD is also important in ensuring both: proper manifesting and documentation of the commodities transported; in the inspection of DoD excess property before shipment; and in providing for their security until unloading in Pakistan. This is discussed in Section 1, Selection of DoD nonlethal excess property.

2. Description of the Process

a. Management of DoD commodity selection, accessing and inspection is done in accordance with procedures at Exhibit III-2. DoD excess is kept entirely within the military system and its accountability has not been a problem.

b. Items are listed by quantity per warehouse skid and then transferred to a master inventory list that is signed by the DoD Mission Director as transferring, and the AID Representative as receiving the material. See Exhibit III-7 for pallet accounting and completed inventory. DoD's responsibility for accounting ends with this step.

c. Beginning with AHR flight number 9 that arrived on September 27, 1986, A.I.D.'s Commodity Export Project (CEP) contractor personnel - have met all DoD flights. Cargo manifests are expressed in units of each item and recently by contents of each pallet. AMEG's role has until recently been limited to (1) meeting the flights to verify the cargo that is unloaded directly onto GOP trucks for movement to GOP warehouses where it is eventually delivered to Afghan party warehouses; (2) reconciling the GOP warehouse inventory (provided a few days after commodity arrival) with the OBA manifests; (3) for those commodities designated to U.S. PVOs or other contractors such as MSH, taking physical possession and moving the commodities to AMEG warehouse in Islamabad to await eventual delivery to the designated PVO or contractor; and (d) for any CEP-financed commodities, taking delivery into the AMEG system as soon as released by GOP.

d. The monitoring of CEP commodities, DoD humanitarian assistance commodities and PL-480 Title II wheat, for war-affected Afghans, has been considered to be the responsibility of every CEP contractor employee while in the field. Monitoring as such consists of spot checks in market areas and the observation of USAID donated vehicles and mules moving throughout Peshawar and Quetta areas. Verbal and written reports are received regarding sightings of DoD supplies, PL-480 wheat/flour movements and transport equipment including mules. These spot reports plus regular monthly reports from both Peshawar and Quetta are retained at the CEP contractor's Islamabad office, with copies to O/AID/REP for action as deemed necessary.

e. Monitoring is considered to be the visual extension of the contractor's extensive audit trail. This computer audit trail includes all Purchase Orders for CEP commodities, by date of procurement, date of receipt and date of issue to specific parties. The recent addition of a Islamabad project warehouse

allows for improved accounting for DoD humanitarian assistance. The data base file (Exhibit III-9) now includes cumulative totals for all DoD commodities received from flight 1 through 69. Receipt of DoD commodities through the new warehouse allows for joint AID/GOP verification of arriving commodities and assures improved transshipment of PVO cargo.

f. The monitoring data program has been designed to provide reports similar to those submitted on a particular date or to extract specific data from the total data base, i.e., all reports of visits/sightings by a specific monitor, reports of all visits to a given market or area by date sequence, and reports of all specific commodity sightings by location and date sequence, with special circumstances/remarks of observations.

- 1) CEP Islamabad. A computer program has been developed at the CEP contractor's Islamabad office to store monitoring data periodically submitted by assigned and incidental monitors in both Peshawar and Quetta. The data base contains date of periodic report, the name of monitor(s), dates of actual visit/observation, sites of observation, types of CEP commodity observed and remarks regarding commodity observation.

- 2) CEP Peshawar. At Peshawar specific day-to-day monitoring is carried out by the Senior Commodity Specialist, six Commodity Monitoring and Surveillance Team members and one photographer. Inspection and surveillance is carried out in three specific areas on a continuous basis, i.e., visiting markets in the Peshawar area, observing issue of wheat to the seven parties from the GOP agricultural warehouse and accompanying wheat and most party convoys carrying CEP commodities to the border areas. Visits to the Peshawar market areas are scheduled throughout the normal work week, with 58 separate visits per week. Monitors look for any CEP, DoD or PL-480 items in the markets. A sighting will be followed by attempts to ascertain the quantity available, the source of shopkeepers supply and the market sales price.
- 3) CEP/Quetta. In March 1987, the CEP contractor opened an office at Quetta where specific day-to-day monitoring is carried out by the Commodity Monitoring and Surveillance Team members. At Quetta monitoring is limited to two specific areas: (1) visiting market areas in Quetta, and (2) observing the issue of flour to the seven parties. Security restrictions imposed by the GOP have prevented monitors from accompanying the convoys to the border areas. Visits to markets are scheduled throughout the normal work week, at the rate of 28 visits per week. For the most part, only limited numbers of jackets, sleeping bags and boots have been found in the markets. Sightings have been limited to three to four market areas with reports that all items were purchased by shopkeepers from individual Afghan Mujahideen. Repeated sightings of the same items at the same markets have been reported. This seems to indicate a limited quantity and demand in the local market for DoD items. GOP policy prevents routine accompaniment of convoys from Quetta to the Afghanistan border area. Actual visits to the border area have been limited to approximately three, and performed with the express permission of the GOP. The GOP has agreed in principle to permit A.I.D.-hired Afghan monitors to accompany convoys to border areas and inside Afghanistan, but security considerations have delayed implementation of regular monitoring, especially in the Quetta area.

g. Issues of wheat from the GOP warehouse is observed during distribution to the seven parties. Spot checks of individual bags are made to assure correct weight and to ascertain the individual bag count loaded into party vehicles.

h. Monitors accompany many of the party vehicle convoys to party warehouses and/or assembly areas near the Afghanistan border. Enroute, monitors observe vehicular traffic and visit market areas. The discharge and count of commodities into party warehouses is also observed. In many instances reports are received that show subsequent dispatch of wheat to individual commanders in Afghanistan and to specific provinces.

i. Two locally licensed small vehicles are dedicated for use by the monitoring team for trips to the border and for market visitation.

j. Efforts are underway to expand monitoring into Afghanistan. In this regard, the first official monitoring trip was made to Paktia Province from April 19, 1988 to April 24, 1988. A monitor reported seeing food packages, tea, sugar, blankets, ghee, pickup trucks, PL-480 wheat, etc. The monitor was accompanied by the CEP contractor's official photographer and numerous pictures were taken. A trip report of this initial monitoring trip to Afghanistan was submitted on May 2, 1988.

k. By July 1988, all A.I.D. project contractors had developed strategies for regularized end-use checks inside Afghanistan, and data collection and reporting systems to verify, where conditions permit that intended beneficiaries are receiving A.I.D.-financed resources. Afghan monitors were being recruited and trained. This broader program of monitoring thus serves to potentially, enhance the O/AID/REPs monitoring capability which previously was almost solely dependent upon the CEP contractor and its Afghan monitors.

3. Issues

a. Is accountability for commodities received being maintained while commodities are under the control of US agencies and contractors?

b. Is the monitoring program adequate to be confident that commodities are being distributed to intended recipients?

4. Findings

a. The recent establishment of a new warehouse under joint GOP/A.I.D. control represents an important event in enhancing the ability of A.I.D. to monitor and account for commodities within Pakistan. Previously, commodities arriving on DoD flights were directly transferred from DoD aircraft onto GOP trucks to a GOP controlled warehouse.

b. A May 1988 assessment report was prepared by Development Associates which evaluated the CEP contractor's performance in monitoring and end-use controls. Although that evaluation noted delays by the contractor in developing a monitoring plan and its implementation, the contractor and O/AID/REP were given a favorable assessment of their efforts in this area -- which in many respects were accomplished under extraordinary conditions involving commodities that are dispersed far more widely than commodities distributed by other CBHA contractors.

c. The O/AID/REP has also recruited a personal services contractor (PSC) who joined the O/AID/REP in late 1988, to oversee a special monitoring unit. This and the expanded monitoring role for the PSC field officer in Peshawar should facilitate the integration and analysis of monitoring information being now collected by all contractors' monitoring programs and not just the CEP. Reports from cross border monitoring activities (approximately nine trips per month by contract Afghans) reflect that commodities are for the most part reaching the intended recipients.

d. The O/AID/REP has also hired a retired A.I.D. auditor to provide periodic reviews of contractors performance, in among other areas, end-use monitoring.

e. Regardless of actions taken to promote accountability of commodities within Afghanistan, the U.S. policy restricting U.S. personnel from entering Afghanistan will continue to limit A.I.D. from following more closely conventional monitoring and accountability standards. Even if this policy were modified, security conditions and the need to widely disperse commodities through numerous channels will ensure that monitoring and end-use efforts face extraordinary obstacles.

Section V

Other Considerations

1. Utility and Impact of the Commodities

a. This aspect of the program can only now be addressed inferentially because direct U.S. observation of the distribution and use of commodities within Afghanistan is not now possible. This is also true for commodities provided under the CBHA. There are several reasons for concluding that the commodities are useful:

- 1) Lack of any evidence of significant reflows or diversion of commodities etc., into Pakistan based on AMEG monitoring and end-use reports as of March, 1989.
- 2) The continued willingness of the GOP to provide logistics support in the face of other significant demands on its logistics capability as well as the local political risks for the GOP associated with U.S. - GOP cooperation.
- 3) Interviews with various PVOs and others working directly with Afghans have urged greater shipment of medical supplies and other DOD high valued excess such as heavy equipment.
- 4) The sheer magnitude of Afghan needs as estimates by O/AID/REP, various international organizations and PVOs suggest that many of the excess commodities and the transport assets procured with AHR funds are a modest but useful source for meeting Afghan needs.

b. The type of commodities from DoD excess has significantly changed. Until September 28, 1988, 82 percent of the cargo carried on ARPs were clothes and miscellaneous items. Since then, and as of May 4, 1989 about 33 percent were medicines, medical equipment and supplies from PVO donations or DoD excess. In June 1989, twelve pieces of heavy construction equipment will be delivered by sealoift. All sources interviewed stated that such equipment is badly needed in greater quantities to meet both immediate and longer term needs of the program.

Part Four

Assessment Of The Patient Airlift Program

Section I

1. Background

a. The patient airlift program had its origins in an August 1984 Americares Foundation paid airlift of seven severely wounded Afghan freedom fighters sent to Washington, DC for special medical treatment provided by Department of Defense. Under a one time exception sought by the Americares Foundation, then Secretary of Defense, Casper Weinberger, authorized the use of Walter Reed Army Medical Center for testing, evaluation and treatment of these Afghan war wounded patients (see Exhibit IV-1 news clipping). Until May, 1989, the time of this evaluation report, DoD military hospital treatment of Afghan war-wounded has never been repeated.

b. Between August 1984 and the beginning of the Afghan Relief Flights in March 1986, private organizations flew to Europe and the US, on an ad hoc basis, selected Afghan patients in need of specialized treatment not available in Pakistan. The sponsoring organizations included the US-based Committee for a Free Afghanistan, with its regional US links. Noting the media publicity being generated by the patients, the USG began to be aware that not only did the patients have very real humanitarian needs for treatment, but also the patients themselves could increase public awareness about the war being waged in Afghanistan.

c. In February 1986, just before the Afghan Relief Flights began delivering commodities, a decision was made to try to use the return flights to take war wounded patients to Europe and the US for pro bono treatment. In March 1986, the first 15 war wounded patients were sent on an ARF flight to private hospitals in England and the US for treatment. Mr. Al Nehoda of the O/AID/REP's office in Pakistan did an heroic job of getting these patients selected, cleared for travel and placed in British and US hospitals. This first patient selection process was conducted by Peshawar-based PVOs.

d. In April 1986, when it was clearly recognized that the patient program was extremely complicated, O/AID/REP appointed Special Projects Officers Carol Palma and Val Mahan to handle the patients and the commodity aspects of the ARF program from Pakistan. On the Washington end, the State Desk Officer, Ms. Desiree Miliken, had the task of getting hospitals and doctors to accept patients for treatment on a pro bono basis, and Capt. Andy Michaels, USAF, played a significant role for the DoD. So what you basically had were needy patients, otherwise empty planes returning to Europe and the US, Palma and Mahan, a busy State Desk Officer, and a USAF Captain to get this program up, running and regularized.

e. In April 1986 it was recognized that hospitals in Europe and the US were going to require patient histories in order to make decisions about patient selection and placement, and there would have to be a patient screening process that actively involved the Afghans. The International Medical Committee's (IMC) medical representative in Peshawar helped O/AID/REP design the patient screening and history form that is basically in use to this date. About this same time the Alliance Health Committee (AHC) was being formed with representation from the major political parties. Thus, the AHC became the Afghan organization responsible for nominating patients for treatment abroad against agreed upon screening criteria (see patient section for criteria).

f. Although almost any injury could be treated at the Aga Khan Hospital in Karachi, that hospital charges roughly the equivalent of \$250 per day and could not provide pro bono service. In addition to cost, the Aga Khan Hospital must first be concerned about treating the many needy Pakistanis requiring medical care. There are also specialized private clinics and hospitals in Pakistan that could treat many of these Afghan patients, but they have a heavy Pakistani case load and must also charge for their services.

g. As the patient program progressed, it was determined that patients needed to be flown out on special med-evac flights and not regular cargo flights. In fact, after the first patients were flown out on a C-5 cargo plane, The USAF's Military Airlift Command (MAC) decreed that a C-5 would never again be used to medevac patients since C-5s are not intended nor designed for that purpose. Thus, the involvement of the Air Force's 2nd Aeromedical Evacuation Squadron located at Rhine-Main Air Force Base. The first C-141 flight with a med-evac team took place on May 10, 1986.

2. Description of the Process

a. O/AID/REP Staff Support: Initial O/AID/REP involvement with the medical evacuation of patients is outlined in the introduction to this section. Due to the nature of the patient program, this component of the ARF flights remains relatively labor-intensive for the O/AIDRep's office. With the establishment of the O/AID/REP regional office in Peshawar in September 1988, much of the day to day work load of the patient program has shifted to the Peshawar office with general backstop support shared by both the Islamabad and Peshawar offices. Importantly, O/AID/REP has an individual in the Special Projects Office in Islamabad assigned full time responsibility for this program.

B. International Medical Corps: The need for an expanded program support network beyond the O/AID/REP Office became clear quite soon. Because the IMC was already in place in Pakistan and had a reputation for bringing in well qualified physicians to treat Afghans, O/AIDRep gave a grant to IMC to work with this program. The initial grant was signed on August 12, 1986. The most recent amendment to the grant runs through September 30, 1990. The general description of IMC's role as stated in the grant agreement is as follows:

IMC will coordinate with the Government of Pakistan, O/AID/REP, ICM and other voluntary organizations to access and medically screen Afghan war-affected patients, complete and transmit full medical histories, monitor patients' medical progress, assist in patient-family communications, meet all aircraft with returning patients, and facilitate follow-up care for all patients sent for treatment to the United States, Europe and elsewhere under this program.

c. Under the terms of reference, IMC's most important role is management of the patient screening process. Dr. Ahmed, the IMC Pakistani physician employed on a full time basis for the screening program, is involved with the pre-screening process at each of the Afghan political parties' medical facilities and takes part in the screening process at IMC (a more detailed discussion of the screening process is included in the later section on patients).

d. Once a patient is approved for treatment abroad and the patient data sheet is sent to ICM, the patient is added to ICM's roster for placement and IMC's involvement in patient selection basically ends

e. In spite of patient placement pressures, both ICM and IMC believe that a very good working relationship has developed between these two organizations. The IMC director in California maintains regular contact with the Washington ICM office and while the director has never been to the Geneva office of ICM, she hopes to do so in the near future. Discussions in Geneva confirm that ICM Geneva would welcome such a visit from IMC personnel.

f. Screening and the IMC Volunteer Physicians: IMC has been recruiting orthopaedic surgeons for the screening program for one month volunteer stints since their agreement began. Most physicians come for one month. Their way is paid to and from Pakistan, they stay in a guest house and receive a very small stipend. The screening process itself takes about two weeks of their time and the surgeons usually spend the other two weeks working in clinics in the Peshawar area.

g. IMC has sent a volunteer physician to their Peshawar facility every month except during Ramadan. Presently 40-50% of the physicians are doing second tours. IMC soon expects to have a full contingent of repeater doctors to fill the assignments. Second tours are useful because the physicians have a much more realistic sense of the possibilities for patient care abroad and they are also better equipped to work for two weeks in the local hospitals. On the negative side, repeat assignments narrow the number of physicians who might be able to make patient placements in the US

h. Intergovernmental Committee for Migration: In addition to a local organization that could be involved in the screening process, it was decided by O/AID/REP that there must be an international organization that could work with patient placement. The main criteria for selection were that the organization have offices in Europe and the US and work with refugees. This led to the selection of the Intergovernmental Committee for Migration (ICM) with headquarters in Geneva and an office in Washington, D.C. and 39 other countries. ICM is a technical, non-political international organization of 33 member government and 16 associates worldwide. It is not an organization of the United Nations. An important point is that ICM's focus is not medical care, but repatriation.

i. While ICM does not have a problem working with the US Department of Defense, it would sign an agreement only with O/AID/REP and not the DOD. ICM recognized at the outset that this was not only a humanitarian program, but also a program involving diplomacy aimed at spreading news of the Afghan war. Because ICM is an organization working in many countries with various types of governments, this latter point remains a sensitive issue for ICM and one that could affect its other country programs and relationships.

j. The first grant agreement with ICM was signed on August 10, 1986. The most recent amendment covers the period through September 30, 1990.

k. The basic agreement covers ICM's participation in the airlift of Afghan refugee patients from Pakistan to interested countries throughout the world for pro bono medical treatment unavailable in Pakistan, and the return of those patients to Pakistan after treatment has been completed.

l. As noted elsewhere, with the very positive involvement of ICM, patients have to date been placed in the US plus 16 other countries. On August 18, 1986 ICM Geneva wrote to Ministers of Foreign Affairs in 24 countries to explain the ARF patient program and to enlist their support in placing patients. This appeal to foreign ministers was repeated on September 30, 1988 (see Exhibit IV-2)

m. Contrary to the way the USG views this program, ICM does not see this as a US program but an international program. This differing viewpoint has created some difficulties over program control and direction. ICM believes they have experienced problems with the program because they have not been able to deal directly with the Alliance parties and select patients themselves, nor have they been able to make patient selections on behalf of their member governments. This lack of control reportedly affects ICM's credibility.

n. ICM has had to follow the criteria established by O/AID/REP for the program. This has been difficult for ICM. While not directly stated, ICM is unaccustomed to taking instructions from another organization such as A.I.D. However, despite these difficulties, there has been a remarkably successful bridging of the A.I.D. and ICM systems to the great benefit of the patient airlift program.

2. Screening

a. About 400-600 patients are nominated for screening each month by the seven political parties in the Alliance. About 50% of the total number are civilians and reportedly about 15% of the total are women and children. While the ABC is constantly told to give more attention to women and children, few are sent for screening. (Perhaps after 10 years of war many of the women and children have left Afghanistan and the chances of women and children being wounded by war have been reduced?)

b. The patients are initially pre-screened at the political party medical facility. From this pre-screening, about 150 patients are selected for the final screening process held at IMC. The doctors involved in the final screening include an Afghan party physician; a Pakistani physician, Dr. Salimi; the IMC physician, (Dr. Ahmed); and an American volunteer doctor from IMC. This screening process helps to ensure that patients are selected on the basis of medical need rather than for purely political reasons.

c. The screening criteria for patients has evolved over time. This criteria now includes the following (See Exhibit IV-3 provided by IMC):

- 1) War-related inside Afghanistan
- 2) Treatable, but not in the facilities available in Pakistan
- 3) Treatable within a reasonable period of time (1-5 months)
- 4) Not a spinal injury
- 5) Not a mental illness
- 6) Not a renal (kidney-related) dysfunction
- 7) Not a hemi- or para-plegic

d. The volunteer American doctor (usually an orthopaedic surgeon) sees about 80-150 patients during the two week screening process. In the early days of the program only about 1/3rd of the patients sent for screening were eligible. However, with experience and a better understanding of criteria on the part of the Afghan doctors, at present almost 2/3rds of the patients now meet the criteria for treatment abroad. This change has generated an enormous backlog of patients waiting for treatment in the US or Europe.

e. Once the patients have been screened, the IMC physician writes up a case history on the patient and the one page case history with pictures is sent to ICM to facilitate patient placement.

f. ICM says the IMC doctors have occasionally made a selection error and the receiving doctor(s) in the US or European institution reports that the patient cannot be treated or does not require treatment abroad. While this is rare, it creates an emotional and physical hardship for the patient involved.

g. Attached as Exhibit IV-4 is the ICM report entitled "CURRENT STATISTICS ON AFGHAN MEDICAL PROGRAMME (as one 31.03.89)". According to this report 727 patients have been or are under treatment in 16 countries. In addition, the caseload waiting in Pakistan totals 538, including 191 patients who fall into the following categories:

1) Closed Cases: Cases where the patient may have died, could not be found, or may have been treated elsewhere. They are closed for both ICM Geneva and ICM Washington.

2) Suspended Cases: Cases so classified because ICM believes they could be treated in Pakistan and ICM has asked for additional justification from the AHC.

3) No Identified Country: ICM cannot find a country for treatment and doubts that one will ever be found. These cases are not referred to Washington a second time.

h. Because of this backlog and the continuous screening process, IMC leans on ICM and the pressure builds to speed up placements. As noted in the section on hospitals, this is very unrealistic situation.

i. With the estimated average cost of care per patient at \$35,000 the total free care that has been given to these Afghan patients to date amounts to about \$24 million, exclusive of transportation. This is an enormous gift of free medical care that simply would not have been funded by any donor nation. While some patients have created problems, most problems have been solved by local sponsors.

j. At the present time there are about 14 patients in the US delaying their return. Two of these have applied for asylum. Two have gone underground. In Europe, one patient has requested asylum in Denmark. This has affected Danish involvement in the program. Two asylum cases are also under review in Germany. Considering the circumstances, the number of countries involved, and the number of patients, the problems have been minimal but potentially could create a public relations problem for the program.

k. Some of the problems relate to patient expectations about treatment that can never be realized. Some relate to cultural problems having to do with food or housing. Many problems may be manifestations of psychological trauma associated not only with ill health, but also with a complete change in culture in a setting with an unknown language.

3. The Transportation

a. Most of the patients have been flown to Europe and the US on the 2nd Aeromedical Evacuation Squadron med-evac flights. On the way to Europe and the US these flights stop at Dhahran and Rhine Main Air Force Base in Germany. In Germany the patients are taken off the plane. A few are sent directly to a receiving hospital, but most are housed in the US AFB hospital at Weisbaden and either sent to a European hospital the next day or are put back on the plane for the journey to Washington. Upon arrival in Washington the patients are put into the Malcome Grow hospital at Andrews AFB hospital before being sent on to the various receiving hospitals, either by US military transport or civilian transport. For the return journey, the patients gather in Washington, D.C. and then are boarded at Andrews AFB.

b. On the return flight the patients are now considered passengers rather than patients. The first stop is again Rhein Main AFB. At Rhein Main they remain overnight in the Rhein Main transit quarters. At this point patients who have been treated in Europe join the flight at Rhein Main for the return to Islamabad with one transit stop in Dhahran. Other European patients return to Pakistan via PIA which has given ICM a 50% reduction in fares for returning patients.

c. Patient flights initially ran on a monthly basis. This was later changed to a bi-monthly basis. Most of the flights have averaged 30 patients. However, one flight traveled with only seven patients due to few receiving hospitals. This small load seems to have prejudiced the system into believing that ICM is not capable of gaining sufficient hospital placements to warrant more frequent flights.

d. With the every-other-month flights, placements in Europe have become difficult due to the particularly inflexible health system arrangements in the receiving countries. To ease this situation, consideration might possibly be given to allowing commercial travel for more of these European patient placements.

4. Patient Placement

a. If patient screening is difficult, patient placement is an even more difficult and complicated process. Not only does it involve finding doctors and hospitals in many different countries who will provide free treatment, but it also involves in-country transportation, free room and board for out-of-hospital stays, interpreters, and a host of often unforeseen support services from the time of arrival in a country to the time of return to Afghanistan. To add to this complexity, women and children are also accompanied by an escort. Someone called a "sponsor" is found by ICM in each of the receiving countries to handle these many tasks. And each patient (and escort), who might never have been outside Afghanistan in his or her life, is special and different, with different needs.

b. Moreover, and to complicate matters even further, the treatment of patients in Europe and US hospitals must be totally on a pro bono basis. In addition, because many of the countries in Europe operate socialized systems of medicine, placement in European hospitals is handled very differently than in the US. In Europe, placements are normally handled by governments where the federal health ministry is in charge of the hospitals. Where there is a local ICM office, ICM Geneva works through that office. Where there is no local office, they use a non-governmental organization (NGO) selected by the host country. This system is far less flexible for patient placement than the US private sector system.

c. In the US, many of the placements have been made through the efforts of the physicians who volunteer for the IMC screening program. In some cases these doctors have not only arranged to have patients admitted to hospitals, but they have also either conducted any required surgery themselves, or have arranged to have treatment provided by colleagues. The Committee for a Free Afghanistan (CFA) has placed over 100 of the patients who have come to the US for treatment. It is important to note here that CFA will close in August of 1989 and this important placement avenue will not be available for assistance.

5. The Hospitals

a. Patients have been placed in hospitals in 16 countries. In the main the care has been very good. However, there has been some criticism leveled at ICM that pre-screening of hospitals has not been done with enough care. Without trying to single out any particular countries, ICM may be advised to review this subject for future placements.

b. In the US, where most of the hospitals for placement are private, the health care crisis has caused hospitals to run deficits. With the average Afghan patient being treated free at an estimated cost of \$35,000, most hospital administrators are loathe to take on a free patient no matter how worthy the cause. For example, the Massachusetts General Hospital in Boston is running an \$11 million deficit this year. Four of the other large hospitals in the Boston area are running deficits that range from \$4-\$8 million. The administrator of a large Philadelphia hospital said he had too many poor patients in Philadelphia needing care and could not take any Afghans for free treatment. This same pattern is being repeated in many of the large hospitals throughout the US. The rising cost of medical care is also an important problem in Europe. Thus, it should come as no surprise that hospital placement is increasingly difficult. Moreover, at the rate the Afghans are presently being screened for treatment abroad, there is and will be a large and growing list of patients who need placement.

6. Impact of the Patient Program on the Afghan Cause

a. It is clear that the patients have generated media attention wherever they have been sent. The patients have brought the war to Europe and the US in real terms and on a personal level that can be understood by everyone. The patients' stories have been picked up by television, radio, newspapers and magazines around the world. While no real measure can be taken of the impact these stories have had, certainly they have, at the local level, often generated an awareness of Afghanistan and the war that simply did not exist prior to the patient program. Attached as Exhibit IV-5 are some samples of newspaper articles that have appeared around the US. These give some indication of the type of story that has been repeated in the case of almost every patient sent for treatment. The ICM Geneva office has said that similar stories have appeared in European newspapers wherever patients have gone. Attached as Exhibit IV-6 is the public relations information packet that is sent by ICM Geneva and ICM Washington to each hospital and patient sponsor. From a public relations standpoint aimed at getting news of the war in Afghanistan spread on personal level throughout the world, this has indeed been a very successful program.

Section II

1. Findings

a. The patient airlift had two very different objectives: The first being the humanitarian treatment of patients; the second, the generation of publicity about the war as told by war injured Afghans. In terms of free patient care for Afghans, and in spite of the very large backlog of patients waiting for treatment abroad, the program has been an overwhelming success with almost \$24 million in free medical care having been provided to over 700 patients in 16 countries.

b. These same patients have generated newspaper, radio and television stories about their plight and the Afghan war in almost every city in the world where they have received treatment. While there is no objective measure of how these stories have affected people in the host countries, certainly the news of the war in very real and personal terms has reached countless millions of people through the mass media. The program has actively involved the Intergovernmental Committee for Migration and its member countries, and the ICM has in turn written directly to the foreign ministers in 24 countries to promote the patient airlift program and to elicit support, thus, bringing the subject of the war and the war injured to the attention of very senior level officials in these countries.

c. On an implementation basis, O/AID/REP is to be congratulated for designing and managing a program, that while very complicated, works. With one organization responsible for patient nominations (the AHC); another responsible for patient screening (IMC); a third responsible for clearances (the GOP); a fourth responsible for patient placement in sixteen countries to date (ICM); and transportation provided in the main by yet another organization (DOD), you could have had a disaster that most organizations would have walked away from. You don't because the program has been managed carefully and well since its inception.

d. There are too many patients waiting for placement. Depending on how patients are categorized, between 347 to 538 patients are awaiting placement as of March 31, 1989. Somehow the backlog needs to be reduced without diluting the pool of patients that may be accepted for treatment.

e. There needs to be more coordination among the involved parties relating to the status of the patients on the list, i.e., cases closed, suspended, no identified country.

f. The patient nomination process is very political in nature. The patient nomination process may be due for a change from the AHC to the Health Ministry of the Afghan Interim Government (AIG).

g. An inadequate number of women and children are being nominated for screening. ICRC Hospital in Peshawar may be able to nominate well qualified candidates if a mechanism is found to regularize such a process.

h. The backlog of patients is causing a great number of concerned individuals in the U.S. to recommend that the screening program be stopped. Because patients are drawn from a list based on dossiers and hospital and physician interest abroad, some argue that it is important to keep the list large enough for selection.

i. Now that the Soviets have left Afghanistan, there is concern that many people abroad believe the war has ended. Continuation of the placement of war injured patients abroad, particularly women and children, provides media coverage of the effects of war on the Afghans. With the changing political scene in Afghanistan, the public relations aspect of this humanitarian program may need to be reviewed and changed. Professionals in the public relations field could best advise on this subject.

j. With the changing political scene comes change in program direction. Long term planning for local patient care of the war injured is a very important subject that needs to be addressed soon.

k. ICM Geneva believes that approximately 40% of the patients sent for treatment abroad should be treated in Pakistan. Technical experts in Pakistan believe that ICM does not understand the availability of treatment facilities in Pakistan and this gap in knowledge needs to be corrected by ICM medical personnel visits to Peshawar.

Part Five

Recommendations

1. Recommendations on Commodities and Transportation

- a. That the Afghan Humanitarian Assistance program continue to operate in accordance with current legislation and DoD appropriations at least through FY 1990.
- b. That DoD, State and O/AID/REP jointly determine the need for changes in the FY 1991 program and beyond.
- c. O/AID/REP, in coordination with GOP and AIG representatives, DoD and other concerned parties, immediately revise and set priorities within the screening list (Exhibit III-1), by commodity, anticipated date when needed and desired mode of transportation. The updated list should be informally reviewed quarterly to incorporate changes to better meet the evolving needs of the Afghans.
- d. DoD coordinate with DLA to refine the inspection standards to immediately improve the quality and usefulness of commodities selected from DoD excesses.
- e. O/AID/REP's contractor (CCSC--Construction Control Services Corporation) meet with OHA representatives in Europe to review heavy construction equipment being selected from DRMOs and agree to the condition in which the items will be turned over to O/AID/REP.
- f. Insofar as hospital and other medical equipment is concerned, planning must take place to integrate these specialized commodities with the work of the CBHA'S health project contractors. Direct hire personnel will need to invest a significant amount of their time with this project component as early start up problems and policy issues are tackled.
- g. As the mix of commodities changes to meet the anticipated need for large, heavy and oversized cargo and construction equipment, more extensive use of sealift should be planned for.
- h. O/AID/REP host semi-annual meetings with DoD, GOP, AIG, other concerned parties and applicable contractor representatives to resolve real or perceived problems.

i. Prior to implementation of the FY 1990 transportation program, AID Rep determine if the transport of additional mules, as either pack or draft animals, is required.

j. O/AID/REP establish procedures whereby commodities received, through the DoD excess system, which do not meet the quality or applicability standards are identified and DoD is immediately informed so that action can be taken to correct the system.

k. O/AID/REP, in consultation with PVOs and AID contractors and grantees, develop definitive guidance as to acceptable/unacceptable commodities, packaging requirements and procedures for consignment to the intended recipient.

1. DoD/OHA pursue obtaining authority to routinely use non-US flag vessels, when US flag ships are not reasonably available.

2. Patient Program Recommendations

a. It seems unlikely that the patient airlift program will continue beyond the next two years. Therefore, begin to plan for an end to the patient airlift and the establishment by A.I.D. or other donors of the specialized medical center and units required for the local treatment of the war injured patients. Medical expert have suggested the following requirements: A prosthetic center for amputees; an osteomyelitis center to drain and treat wounds and bone related problems; and an upper extremity center with occupational therapy.

b. Explore with the Harvard University Medical School their interest in establishing a long term program relationship to rotate medical staff to specialized medical facilities which may be developed in Pakistan or Afghanistan for the treatment of war-related injuries.

c. Continue the screening process but enforce a quota for women and children that must be met each month in order for the program to continue. If the number of women and children selected for screening does not increase, stop the screening process until the appropriate patient mix is met.

- d. Cut back the number of patients accepted during the final screening process held each month to a level not to exceed the number of patients that have been placed the previous month.
- e. Review the public diplomacy and public information aspects of the program. If appropriate, authorize and fund ICM to use professionals to develop an approach to enhance more opportunities for patient placement.
- f. Review the ICM public relations and press guidance packet handed out with each patient placement and revise it to meet changing public information needs.
- g. To increase patient placement, authorize ICM to develop a targeted public relations campaign aimed at U.S. hospital administrators using professional PR experts and fund this campaign.
- h. Increase the number of coordinating meetings which involve O/AID/REP, the GOP, ICM, IMC, the AHC, et al from once a quarter to once every six weeks. Authorize ICM Geneva greater use of commercial foreign flag flights for patients going to Europe so that placement opportunities are not lost due to timing of flights or availability of patients.
- i. Add a line item in the ICM budget to cover the costs for the rental of a reception center in the Greater Washington area that would be used to house patients coming and going from Andrew AFB.
- j. Advise ICM Geneva to review the past treatment provided by various hospitals that have been used to date and screen out hospitals where treatment has not been of high standards.
- k. Authorize ICM Geneva to send its Medical Screening Officials to the final screening process in Peshawar. This would help to increase ICM's credibility in the screening process.

EXHIBITS

Copies of the exhibits are attached to master copies of the assessment report which are available with O/AID/REP, Islamabad; AID/PPC/PDRP and AID/ANE/AP, AID Washington.

Annex A

Legislative Evolution of the AHR

1. Introduction

Both the DoD funded AHR program and the Cross Border Humanitarian Assistance Program (CBHA) authorized by the FAA have strong bipartisan support in the Congress. The AHR's development follows, however, a distinct legislative history from the CBHA, although the two programs are interwoven through the CBHA's Commodity Export Project. The AHR is built upon two distinct legislative authorities that can operate in tandem or separately. It has also evolved that neither the authority to transfer non-lethal DoD excess property nor the authority to transport humanitarian relief is exclusively restricted to assistance for Afghans. Thus, program managers in State and DoD who have statutorily defined roles - where A.I.D. has none - potentially face conflicting demands on the allocation of available DoD funds and in the selection and availability of excess property (See Exhibit II-1).

2. FY 86 Section 1454 (Now codified as Section 2547) Excess Nonlethal Supplies: humanitarian relief

a. Provisions - Secretary of Defense authorized to make available to the Secretary of State non lethal excess supplies. Secretary of State responsible for distribution of such supplies. Nonlethal excess supplies defined as contained in DoD regulations and "that is not a weapon, ammunition, or other equipment or material that is designed to inflict serious bodily harm or death."

b. Conference Report - House initiated provision. Senate agreed. Conferees agreed authority should be applied on a worldwide basis and not limited to Afghanistan. Conferees agreed they did not want to create a new foreign aid or refugee assistance program in DoD; hence, DoD to transfer excess to State and responsibility for distribution placed with State by Senate amendment. Conferees agreed DoD should conduct vigorous inventory of such property and effect its transfer in an expedited fashion.

3. Section 305 of the FY 1986 Defense Department Authorization Act

a. Provisions - This provision, initiated by the House, authorized \$10 million for the "purpose of providing transportation for humanitarian relief for persons displaced or who are refugees because of the invasion of Afghanistan by the Soviet Union." The provision required that such transportation be "under the direction of the Secretary of State."

b. The Congressional Record of June 21, 1985 (H 46884-46885) reveals that during full House consideration of section 305 a staff point paper, which discussed the pros and cons of the legislation, was prepared. The paper, which was considered by the membership prior to adoption of the section, specifically referred to the operative language of section 305 as "... establish(ing) a precedent of direct delivery by DoD of nonlethal assistance to an insurgent organization." In the same paper the staff later characterized that insurgent organization as an "armed combatant force." Notwithstanding the "dangers" of this precedent, the staff recommended, and both Houses approved, the provision without caveat on this point.

c. Conference Report - "Conferees agreed that humanitarian relief measures for the Afghan refugees, including transportation of individuals for medical treatment were worthy of support." Senate proposed and House agreed that program of transportation be under direction of State. (This parallels Congressional views embodied in the Excess Nonlethal Property authority - section 2547 i.e. conferees did not want to create a new foreign aid or refugee assistance program within DoD. Conferees also noted their "distress" that State had been slow in distributing humanitarian supplies to the Afghan refugees; urged State to redouble its efforts to provide assistance quickly.

4. Section 331 of the FY 1987 Defense Department Authorization - amended and extended Section 305 of the FY 1986 Defense Authorization Act described above.

a. Provisions - Another \$10 million was authorized, as was a carry over of \$7 million of unexpended FY 1986 funds. The authorization stipulated that of this total amount, the Secretary of Defense could transfer to the Secretary of State "no more than \$3 million for (1) "paying administrative costs of providing the transportation"... and

(2) "providing for the acquisition of transportation assets for the distribution of supplies outside the United States to accomplish the purposes of this section. The amount authorized to be transferred was effectively reduced to \$2.5 million by the previously adopted Continuing Resolution.

b. Authorization Conference Report - Conferees agreed that the \$3 million transferable (actually only \$2.5 million per the CR) will be for the purpose of administrative costs for managing the transportation program and for transportation costs outside the United States. Charges for transportation outside the U.S. could "include both the acquisition and lease/rent of local transportation assets. The appropriation report language in their conference report included as local transportation assets the phrase "including beasts of burden."

c. The House bill included a worldwide distribution provision for \$3.0 million to provide worldwide transportation of excess materials as defined in section 2547(b) - described above. Conferees did not agree because destinations were not defined. Conferees did agree they would favorably consider DoD reprogramming for the refugee problem in the region of the Thailand and Cambodia border provided - among other things - that the maximum amount of funds available for reprogramming for other than Afghanistan refugees was limited to \$3.0 million. The earlier adopted CR appropriations conference report stated, "conference agreement permits the use of up to \$3 million for the worldwide distribution of excess nonlethal supplies for humanitarian relief. The conferees stated they understand that these funds may be used to alleviate refugee problems in the region of the Thailand-Cambodia border." The appropriations, conference report also expressed the conferees concern that during the FY 1986 operation of the program, "damaged and improperly maintained materials were provided to refugees." Conferees directed program managers to "take action as necessary to ensure that the goods are visually inspected prior to shipment and care be taken that all goods shipped are useable and of good quality."

d. Comments - The FY 87 authorization and related conference report are significant for several reasons:

- 1) Congress explicitly recognized the need to cover the administrative costs of the program including the need to authorize transfer to State, knowing what these funds were needed by the O/AID/REP to administer the program.
- 2) Explicit authority was provided to use funds for the purchase or lease and rental of transportation assets, including beasts of burden.
- 3) Although the excess properly was worldwide in scope, this was the first indication that the Afghan program might need to compete for the resources first made available in FY 1987 under Section 305 for the transport of humanitarian relief. It also meant that country programs other than for Afghanistan might have greater incentive to compete for available excess property because some funds could be made available for their transport. This is a major cost for those who might seek DoD excess property.
- 4) The appropriations conference report also clearly warned "program managers" that it expected better quality control in the selection and shipment of excess property, i.e., that they be of "useable and good quality."
- 5) It resulted in the first formal memorandum of understanding between State and A.I.D. (signed on March 6, 1987) that provided for the transfer of \$2.5 million from State to A.I.D. that DoD was authorized to transfer. Although the MOU was to facilitate the transfer of funds, it was also used to define and divide policy and programmatic responsibility between State and A.I.D. for the Afghan "McCollum program." (Exhibit II-2)
- 6) Actual competition for resources under the authority was demonstrated when State and A.I.D. later agreed that \$500 thousand of the \$2.5 million transferred to State in FY 87 could go to the mission carrying out the program of assistance for non-Communist resistance forces in the border area of Thailand and Cambodia.

5. Section 331 of the FY 1988 Defense Department Authorization Act

a. Provisions - Authorized a total of \$13 million, of which not more than \$3 million was authorized to be used for distribution of humanitarian relief supplies to the non-Communist resistance organizations at or near the border between Thailand and Cambodia. Authorized \$3 million of the \$13 million total for transfer to State -- which was in fact appropriated.

b. Conference Report - House proposed authorization of \$10 million for transporting relief supplies to Afghan refugees and would have extended, for two years the authority for space available transport of humanitarian relief to certain countries in Central America. The Senate version -- which the House agreed to -- authorized \$13 million for transportation and provided permanent authorization for space available transportation for humanitarian supplies to any country in the world.

c. Comments - The statutory language clarified the meaning of phase of "outside the U.S." as it applied to the use of funds transferred to State by substituting the phrase "for the distribution of relief supplies in the country of destination." Three million was both authorized and appropriated for transfer to State for FY 1988, \$2.8 million was ultimately transferred to the O/AID/REP for Afghanistan and \$200 thousand was transferred for the Cambodian program.

6. Section 303 FY 1989 Defense Authorization Act

a. Provisions - Authorized additional \$13 million in FY 1989 on the same terms that was used for the FY 88 authorization (i.e., Section 331(a) Authorization of Funds). The DoD authority to transfer funds to State was also unchanged at \$3 million. The FY 89 appropriations language stated that the funds were, "for the transportation of humanitarian relief for refugees of Afghanistan, acquisition and transportation assets... for worldwide humanitarian relief and that the \$13 million would remain available for obligation until September 30, 1989 -- provided that DoD notify the Armed Services Committees of the House and Senate 21 days prior to the shipment or transport of humanitarian relief to countries not previously authorized."

b. Conference Report - The committee report (Senate Committee on Armed Services Report 100-326) noted that it was aware of certain questions arising from the program and offered its conclusions regarding the following activities being within the scope of the authority:

- 1) DoD may use funds to transport on a space available basis humanitarian cargo donated by foreign governments if the Secretary of State determines such cargo will benefit the Afghan people.
- 2) DoD, if requested by State, may fund commercial transportation of Afghans within the region (within or without) the region and to provide transportation on a space available basis on relief flights from the region to the U.S. or Western nations. Such transportation is limited only to individuals traveling to and from training in medical care and other country building skills.
- 3) Either DoD or State may use the funds authorized under this section to repair and rebuild transportation assets, construction equipment and high value DoD nonlethal excess property.

c. Comments - The authorization -- as elaborated in the Senate committee report appears to expand the number of eligible uses for funds. For example, both DoD and State may use the funds they administer under this program for repair and rebuilding transportation assets or construction equipment. Potentially this permits more DoD excess property, specifically heavy equipment, to be selected for transport.

O/AID/REP

Excerpt of Draft Scope of Work

The team will review/assess the operations and progress to date of the AHR program with the objective of identifying possible improvements within currently known and potential future institutional and other constraints. The team must keep in mind the two-fold nature of this program (transportation of LOD non-lethal excess and other commodities, and transportation of war-wounded afghans for medical treatment) when reviewing/assessing the program, the following aspects should be considered:

- (1) Selection process for DoD surplus commodities
- (2) Approval process associated with transport of donated items
- (3) Commodity management, control, and accounting procedures employed by the DoD, contractor, and PSC overseer.
- (4) Efficiency of the Commodity Delivery System
- (5) Utility or impact of the commodities, given current constraints of end-use monitoring.
- (6) Opportunities for and efficiency of coordination of commodity procurement/selection and delivery on behalf of other sectors of the O/AID/REP program (health, agriculture and rural development)
- (7) Criteria used in selection of war-wounded patients for treatment outside Pakistan.
- (8) Grantee efficiency and effectiveness in patient selection and handling.
- (9) Of the patients screened and approved for evacuation, what percentage do not participate and why? Of the patients medically evacuated, what percentage has not returned and why?
- (10) Impact of medical treatment of the Afghan cause. Analyze the cost against benefits.

(11) How program might be adjusted to make it more relevant to needs of resettlement and rehabilitation.

(12) Monitoring and accountability efforts of the program.

(13) Impact of the program on mission manpower, given the mechanisms necessarily devoted to support this program, what is the cost/benefit in view of the nature/value of materials brought in and medical benefits derived?

(14) Has whatever credit that may have resulted from the program thus far been reflected appropriately on the public and private donors? Is this viewed as a significant or marginal activity by war-affected afghans?

(15) Review the legislation itself in regard to cost/benefit both the present and any possible future scenarios.

(16) Offer recommendations regarding the need for continuing the AHR program in light of anticipated future situations, including recommendations for alternate means of accomplishing the same or appropriate new purposes. The recommendations should include a discussion of the need for legislative changes (if any). Attendant program revisions that would respond to changing conditions in afghanistan, and a set of recommended actions that would affect both the legislative and programmatic actions to be taken.

Annex C

Assessment Team

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Department of Defense, International Security Assistance, Pentagon,
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Michael Jordan, Senior Advisor A.I.D. Afghan Task Force, A.I.D./ANE,
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LtC. Michael Koch, Logistic Staff Officer, Joint Staff, J4 Pentagon,
Washington, D.C.

Richard B. Sheppard, Team Leader, Chief, Special Bureau, PPC/PDPR,
Agency for International Development, Washington D.C.

Annex D

Personnal and Telephone Interviews Conducted
by Assessment Team

Ms. Nancy Aossey, Director, International Medical Corps, Los Angeles, California

Ms. Carol Palma, AID/W (former O/AID/Rep staff member handling Patient Program in Pakistan)

Mr. Joel Warren, Freedom Medicine, Wash., DC

Mr. Bob Brenner, Freedom Medicine Field Director, Pakistan

Ms. Mary Spencer, Committee for a Free Afghanistan, Washington, DC.

Charles Classen, MD., North Carolina (IMC Volunteer Physician)

David G. Mohler, M.D., Sloan Kettering Hospital, NY (IMC Volunteer Physician)

Mr. Tom Klein, Staff Assistant, Office of Senator Gordon Humphrey, Washington, DC

Mr. Don Morrissey, Staff Assistant, Office of Representative McCollum, Washington, DC

Mr. R. D. Jenny, Dir. Ops & Trnspt., ICM, Geneva

Mrs. Von Stendingh, ICM, Geneva

Mr. Ya Ya Maroufi, ICM, Geneva

Mr. Jarrell, ICM, Geneva

Mr. Demetrio Alvero, Chief of Mission, ICM Islamabad, Pakistan

Mr. Mohmad Asghar, ICM Sp. Asst, ICM Peshawar, Pakistan

Dr. Barakzai, Deputy Health Minister, Afghan Interim Govmt
Dr. Salim, VP, Afghan Health Committee (NIFA)
Dr. Ahmed, IMC Screening Physician, Peshawar
Mr. Hank Cushing, O/AID/Rep
Mr. Val Mahan, O/AID/Rep
Mr. Arnold Sober, O/AID/Rep
Mr. Todd Peterson, Director, IMC Peshawar
Mr. Terry Pitzner, IMC ARF Administrative Coordinator
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Dr. Michael Van Joost, Medical Director, ICRC Hospital
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Paul Christianson, Afghan Foundation
Dr. Jeff Colyer, White House Fellow
Marion Creekmore, Afghan Coordinating Unit, State
Bob Darr, Afghanistan Cultural Assistance Foundation
Chuko Getachew, Mercy Corps
Steve Ghitelman, State NEA/PB
Tom Green, State/RP
Peter Lapera, ANE/PD

Gary Mansavage, ANE/AF

Jeffrey Malick, ANE/AF

Dr. David Mohler, ICM Volunteer American Orthopedic Surgeon

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Amy Nelson, State/RP

Charles Schnabel, Congressman Wilson's Office

Dr. Spellman, Dean of Medical Services, Harvard Medical School

Larry Crandall, AID/REP

Fran Sullivan, Intergovernmental Committee for Migration

Diane Swain, ANE/AF

Larry Tanner, AID/FVA

Tina Westbe, Congressman William McCollum's Office

Dr. Kermit Veggeberg, Afghan, Hospital Relief

Bob Fruchderman, Matrix, Freight Forwarder

Mohamand Shah, VITA (Volunteers in Technical Services)

Bob Wolthuis, DOD/ISA/HA

Mike Rugh, AID/PPC/PB

George Scott, Heavy Equipment Specialist, Peshawar, Pakistan

Albert J. Nehoda, Field Officer, Peshawar, Pakistan

Thomas Bazos, Admin. Officer, Islamabad, Pakistan

Dennis Freed, Procurement Officer, Islamabad, Pakistan

Vernon Peterson, AMEG, Trnspt Officer, Islamabad, Pakistan

Hans Manz, AMEG, Area Commodity Manager, Peshawar, Pakistan

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EXHIBIT - II-3

AGRICULTURE SECTOR SUPPORT PROJECT

306-0204

background:

On April 1, 1987, A.I.D. authorized the \$6 million Agriculture Sector Support Project, with a two-fold purpose:

1. To provide resources to support increased agricultural productivity in selected areas of Afghanistan (from a base in Peshavar, Pakistan); and
2. To support the growth of institutional mechanisms to use the resources provided under the project. The Agriculture Sector Support Project (ASSP) is being amended to reflect a Project Assistance Completion Date (PACD) extension from March 31, 1990 to December 31, 1992. This extension is required in order to expand the breath and depth of project components. In addition, the life of project funding level will be increased from \$6 million to \$60 million.

Accomplishments to Date:

A recently conducted evaluation found that the project has made remarkable achievements in a short time. It is the only significant cross-border program in agriculture and rural development. It has a strong Afghan character. Institutions and systems have been developed to rehabilitate small-scale irrigation systems and farm-to-market roads. The implementing contractor has given advice to private voluntary organizations (PVO) and has collaborated in the field with some of them. A small but highly successful experimental activity has been developed to distribute agriculture equipment through the private sector. The importation of commodities from western nations, principally along the Afghan-Pakistan border, will strengthen the region's commercial ties with the West. Furthermore, it is intended that many of the commodities shipped to Afghanistan under this program will be manufactured or procured in Pakistan. This will have the added benefit of supporting development in both Afghanistan and Pakistan with further integration of the two economies. Soviet and Eastern Block commercial relations will not disappear, but their significance, and therefore their influence in Afghanistan, would diminished as Afghanistan is drawn closer to Pakistan and the West through the restoration of trade lines fostered by this private sector program.

The project has been somewhat less successful in developing an organized agricultural assistance program than it has in implementing rural works types of rehabilitation activities. To a large extent, this is because about one year was lost, through no fault of the project managers, in attempting without success to work through the Alliance. Once this mechanism proved unworkable, the project began to do agricultural work through a new vehicle-- the field structure of the Rural Works Division's Area Development Schemes. Only then was much accomplished in agriculture, per se.

Planned Future Activities:

Follow-on activities will build on the considerable and solid record of successes already achieved:

1. The cross border rural development and agriculture component will be continued and, as conditions permit, the number of teams should be increased from the existing 12 to about 15.

2. As security conditions permit, the locations of some of the teams will shift somewhat to the most agriculturally productive areas to areas in which shrubs or other local community organizations exist or are likely to become functional, and to areas which will place teams in representative territories of the main ethnic groups in Afghanistan.

3. The name of this set of activities will be changed from Area Development Schemes to the Agriculture Rehabilitation Schemes (ARS), to portray more accurately the purpose and functions of the component.

4. The main objective of the ARS teams will be to solve problems that have arisen due to events of the war, namely;

- o Damage to community-owned, small-scale irrigation schemes;
- o Damage to rural roads and bridges;
- o Loss of draft power due to approximately half of the pre-war numbers of oxen having been killed;
- o Growth of grass, weeds and shrubs on land that have been left untilled for several years, making it very difficult to till with traditional tools and methods; and
- o Deterioration of seed varieties and vegetative planting materials.

To focus on those problems, each ARS team will be structured, under leadership of a team director, into two groups;

- o One for infrastructure rehabilitation (irrigation systems, roads, and bridges); and
- o One for the testing and demonstration of agricultural production technology.

5. The commercial channels subcomponent will be re-defined as the Private Sector Agribusiness (PSA) component, and will function as the mechanism for getting a substantially increased volume of critical agricultural

inputs and supplies into Afghanistan from Pakistan. This activity is to be conducted to the extent possible through private-sector traders, dealers and businesses, although non-market channels might be used in special situations.

Major advantages of private sector, market-oriented approach are:

- o the system will respond quickly to market signals, from supplies readily available and positioned strategically in Pakistan near the Afghan border; this is particularly important because of the uncertainty regarding the exact input requirements.
- o the system is not management intensive and will require a minimum of expatriates to facilitate the processes.

The goods to be financed and supplied under the Project will, with rare exception, be purchased from the market in Pakistan. Neither AID direct hire nor ASSP contract project staff will be involved directly in purchase and import goods or services to be distributed in Afghanistan.

6. Because of the enlarged scope of work the commercial channels or PSA component, and the specialized nature of this and the newly added monitoring and analysis component, a new contractor(s) with experience and competence in commodity import procedures, in private-sector management, and in monitoring, evaluation, and analysis will be selected to implement these two components.

COMMODITY EXPORT PROGRAM

306-0205

Background:

The purpose of the Commodity Export Program (CEP), which began operations in August 1986, is to transfer needed humanitarian commodities directly to the people inside free Afghanistan. The five year life of project funding has recently been increased to approximately \$ 78 million.

Accomplishments to Date:

The project began with a single contractor, the American Manufacturers Export Group (AMEG) of Houston, Texas, which undertakes commodity procurement, storage, distribution and accounting.

The AMEG technical assistance team consists of 8 expatriate and 95 Pakistani and Afghan employees. Together they operate an office and separate warehouse in Islamabad, warehouse/offices in Quetta and Peshawar, and an animal holding and training facility near Peshawar. As of October 1988, AMEG had procured and delivered the following humanitarian commodities:

Trucks	490	3
Ambulances	22	
Tractors and Accessories	51	
Mules	1,630	
Heavy Equipment	10 Pieces	7
Food Packs	619,920	
Ghee	674,500	Kgs
Sugar	654,642	Kgs
Tea	175,698	Kgs
Blankets	22,400	
Boots	48,920	Pairs
Shalwar Kaseez	33,203	Pairs

Additional items procured and delivered include diesel fuel, spare parts and tires, survey equipment, water pumps, rock drills, concrete mixers and water and fuel tankers. The foodpacks alone have provided over 28 million meals to Afghans inside Free Afghanistan. The bulk food supplied (ghee, sugar and tea) has provided 52,000 people their yearly requirement. Total commodities procured and delivered to date are valued in excess of \$20 million.

Additionally, AMEG procures and transports commodities for all the other AID/REP activities such as pharmaceuticals and medical supplies and equipment for the medical assistance project, various farm implements, tractors and galvanized iron for the agricultural and rural development project, and equipment for the education project.

AMEG conducts an extensive program of monitoring the movement of the commodities mentioned above plus the distribution of more than 100,000 metric tons of PL-480 wheat. Monitoring teams regularly conduct market surveys in the border provinces of Pakistan and accompany convoys both to border warehouses and also inside Afghanistan to the end-users.

At the Animal Holding Facility (AHF) operated by AMEG, Afghans are trained to load and handle pack mules which are then issued to them. In addition, para-veterinarian and blacksmithing courses are currently underway. The veterinarian manager of the AHF is presently working on two pilot projects. The first will train Afghans in the use of mules as draft animals, and the second involves dogs for mine detection.

AMEG is also tasked with management of the DOD-financed Afghan Humanitarian Relief Program which provides transportation of non-lethal DOD excess property and other commodities.

Planned Future Activities:

Two new components of the CEP were recently approved and will be implemented by U.S. contractors. The first of these is a transport component which will supply technical assistance over a period of 2-1/2 years to the Afghan Construction and Logistics Unit (ACLU), created in 1988. The transport component is intended to provide an Afghan entity with the expertise to carry out road construction and maintenance and to move humanitarian commodities and people into Afghanistan during the repatriation, resettlement and reconstruction period. The office of the AID/REP is currently funding the ACLU operation which will include 574 employees. It is expected that ACLU will expand as other donor financing provides both capital equipment and operating expenses or as ACLU begins to market its own services. Current funding levels permit the AID/REP to support only those vehicles donated by AID (98 7-ton trucks, 30 pickups, 5 tractors and 10 pieces of heavy equipment). The transport unit of the ACLU serves to transport the goods required for the sustenance of the population during the interregnum and stands ready to meet U.N. transport requirements.

The second new component of the CEP will consist of a series of studies to be undertaken over a 2-1/2 year period by technical experts under contract to a U.S. firm. The studies will cover subjects pertaining to the commodity program, logistics needs in Afghanistan, and other critical areas. These studies will be needed for planning as well as the design of specific rehabilitation and, later reconstruction follow-on or new projects for possible A.I.D. and other donor financing. Possible studies will cover such subject areas as: the needs and supply of consumer commodities during the repatriation/rehabilitation stage; credit; commodity trade patterns; procurement systems and practices in Afghanistan; warehousing; present road conditions and anticipated needs; import/export patterns; private sector capacity; rail transport feasibility; and air transport facility; conditions and rehabilitation needs.

HEALTH SECTOR SUPPORT PROJECT

306-0203

Background:

The original \$16.6 million Health Sector Support Project (306-0203) was designed to expand primary health and First Aid services inside Afghanistan while assisting the Alliance Health Committee (AHC) and other Afghan institutions to plan and manage health care services for the reconstruction of post-war Afghanistan. To help meet the massive health care needs in Afghanistan, especially those associated with resettlement/rehabilitation, authorization was increased in October 1988 to \$60.6 million (an additional \$44 million grant) with project activities continued through December 31, 1992 in recognition of the uncertainties to be confronted. Needs greatly exceed the availability of funds.

The amendment was authorized on the understanding: that services would be emphasized in underserved areas where refugees are expected to return or where internal displacement of population is a major problem; that institution building will be kept to the minimum without jeopardizing a sound resettlement health program; and that salaries will not exceed approximately 30 per cent of new funding with a plan to phase down A.I.D. salary support in the future. Recurrent cost and cost recovery issues associated with providing health services will receive ongoing attention.

The Health Sector Support Project (HSSP) focuses on the lower level of health care through First Aid training and in training, supply and monitoring of Basic Health Workers. Refresher training of doctors, nurses and Basic Health Workers is also provided. (mid-level, high-level and specialized training, e.g. vaccination, is carried out in association with the PVO Co-Financing Project). In response to changing conditions inside Afghanistan, a limited number of higher order medical facilities have been reactivated, supplied and staffed to act as referral points for up to four area health development schemes. In anticipation of scaled down fighting, training emphasis is shifted from combat treatment to basic village health care, including Maternal-Child Health.

Accomplishments to Date:

The contractor, Management Science for Health (MSH), is a non-profit institution with long experience in Afghanistan. In a short period, health services in rural Afghanistan as well as the logistical, administrative and training systems necessary to support these services have been developed. The project trained 1115 Basic Health Workers (BHW), graduated 9,452 freedom fighters from a two-day First Aid course and established 889 facilities (806 health posts, 78 clinics, 2 district hospitals or health centers and 3 small provincial or area hospitals). The training and health facility activities are on schedule; a country plan for immunization has been developed and health education in mine awareness reviewed.

Planned Future Activities:

The amendment expands the original project objectives. Revisions are designed to support accelerated development of a rural health service infrastructure and to permit the project to adapt as conditions change in Afghanistan. In the amended project, expansion of the Area Health System will continue through FY 89. The number of additional facilities to be developed and supported under the recommended funding for FY 89 include: 545 Health Posts, 47 Clinics, 9 Health Centers and 1 Area Hospital.

The project will strengthen the capacity of the AHC (or its successor) to plan and manage an expanded pyramid of health services inside Afghanistan. Country plans will be prepared for control of diarrheal disease, maternal and child health services, health and nutrition education, a Health Information System (HIS) and a Management Information System (MIS).

FY 89 training targets are: 780 Basic Health Workers (BHWs), 8,000 First Aiders, 57 Vaccinators, 16 Training Evaluations, 10 Health Educators and 15 Monitors.

Research activities to be carried out are: Cost Recovery and Cost Containment, Epidemiological Assessment and Cold Chain Effectiveness.

The monitoring program will continue to be refined. Procurement of medical supplies and equipment will continue to proceed under the Commodity Export Program (306-0205). Activities will be undertaken to investigate sustainability of the project's health programs to prepare for a future program phase-down of O/AID/REP funding.

EDUCATION SECTOR SUPPORT PROJECT

336-0202

Background:

The Education Sector Support Program (Project No. 306-0202) was authorized on August 8, 1986. The original life of the project funding was \$8.9 million and was increased to \$30.3 million in December 1988. The current Project Assistance Completion Date (PACD) is December 31, 1992.

The University of Nebraska at Omaha (UNO) is the technical assistance contractor for the ESSP. UNO has a long history of interest in and support for the Afghan cause.

The implementation agency for ESSP is the Educational Center for Afghanistan (ECA), an all-Afghan group of educators which is controlled by the Seven Party Alliance.

The project objectives are:

- To create and maintain primary schools in the liberated areas of Afghanistan by providing teachers, supplies, student supplies, textbooks and teachers' salaries.
- To promote literacy among war-affected Afghan young adults by conducting literacy classes.
- To improve teachers' competency by conducting short-term training for primary teachers and literacy trainers.
- To provide an organization to plan and implement the educational activities which are sponsored.
- To provide opportunities for previously trained Afghan professionals to upgrade their skills in a specially designed university level program.

Project implementation began in October 1986. By December 1986 UNO/EAC had initiated Literacy Training for Mujahideen in their winter camps, and by September 1987 had sent supplies to 1306 primary schools grades 1-3 inside Afghanistan. By July of 1988 the project schools had added another 304 new schools all grades 1-4. Total schools supplied is 1610. ECA schools planned is 1948 and ECA fully supported schools with verification, salary approval and supervision is 636.

ESSP staffing includes four expatriates (two of whom are Afghan-Americans) and 20 local staff on the UNO technical assistance team, as well as a full-time staff of 74 at ECA offices in Peshawar and Quetta.

Accomplishments to Date:

The Education Council of the Seven Party Alliance has been activated as the principal policy making board for the ECA. The Council is composed of

the directors and presidents of the Education Departments of six of the seven parties. It approves all major ECA undertakings.

The ECA has been established and is in operation. Assisted by the UNO team, the ECA has been primarily responsible for the accomplishment listed immediately below. The main center is in Peshawar with a regional office in Quetta.

The first large undertaking of the ECA was literacy training for Mujahideen in their winter camps near Peshawar. Textbooks (in Dari and Pashto) were written and 529 literacy classes for about 8,000 students were conducted during January - April 1987, shortly after project mobilization. The literacy program was further improved in 1988 with the development of training manuals and materials and the training of some 600 teachers. These teachers last winter have trained over 12,000 Mujahideen in seven camps.

Textbooks and instructional materials for grades one through six have been developed and published in both of the national languages of Afghanistan. A total of 500,000 copies of textbooks have been printed. These materials have the full approval and support of the parties.

Primary school kits have been sent to a total of 1,610 schools in all 29 provinces of Afghanistan. Kits include textbooks, instructional charts and maps, and supplies for students and teachers.

The training of some 190 District Directors of Education was recently completed. These Directors have reentered Afghanistan to supervise and train primary school staff in the districts of 29 provinces.

A monitoring/verification system has been designed and implementation has started. Ten level I monitoring teams with questionnaires and cameras operated inside Afghanistan during August-December, 1987. More level I teams were trained this past spring and 14 of them are now operating in all 29 provinces. Additionally, 29 level II teams have been trained and are operating inside Afghanistan. The monitors have verified 636 schools as ECA fully supported schools. Teachers' salaries have been or are being sent to these schools.

All textbooks and materials supplied to the schools have been reviewed, revised and are being re-printed for distribution.

A fully documented database is in process with data definitions, checking procedures, verification processes, and data analysis programs. The database includes base information, supply, salary and personnel data; and a monitoring file on all schools.

In February 1988, an initial 21 students started studies at UNO under the

Afghan Scholarship Program (ASP). Managed jointly by the UNO and The Asia Foundation (as subcontractor), the program will refresh and upgrade previously trained Afghan professionals who have been engaged in Jihad the past several years, thus enabling them to contribute more effectively to the reconstruction of Afghanistan. A second group of 21 student started their studies September 30th, 1988.

Planned Future Activities:

As the war draws to a close, plans for resettlement of the Afghan refugees are being drawn up. The return of the refugees will not be easily arranged. Working against their return will be conditions which include continued political instability, the presence of millions of land mines through the countryside, shortages of food and health facilities, and the disruption of the economy, especially agriculture. Some refugees and displaced persons will be reluctant to abandon living in Pakistan, Iran or new locations within Afghanistan. Rehabilitation of war-damaged facilities will be essential, as will recovery from war wounds, illness and the general disruption of personal lives.

One of the most basic governmental services, education, will be crucial to the transition from wartime to peacetime. The existence of functioning schools will help maintain returned refugees as well as prepare children at a basic primary level and offer literacy-deprived adults broader opportunities to participate in the economy of the recovering nation. The desire for education has been strongly expressed by all groups to be involved in resettlement and rehabilitation: the commanders and people inside Afghanistan, the political parties and the refugees.

The project is comprised of three major activities and, one pilot component to be implemented as follows:

- Improvement of Rural Primary Schools: support of the rural primary education program will be provided at a level of approximately 1,000-1,610 schools. This includes the continued support of the Education Center for Afghanistan (ECA) and the University of Nebraska at Omaha (UNO) technical team. The amended project allows for expansion of the school curriculum into the 8th grade over three years, and the production of materials and texts for grades 7 and 8. The primary school component also support some text revision and allows the ECA to distribute its texts to other schools in Afghanistan and in the refugee camps. District Directors inside Afghanistan will also continue to receive training and support.

- High School Textbook Revision Pilot Activity: under this pilot activity high school textbooks currently being used in Pakistan and Afghanistan will undergo minor revisions and be distributed to fifteen high schools in Afghanistan on a pilot basis. Any further production and distribution of high school textbooks will be supported by other donors.

- Literacy Training: the project plans to continue the literacy program for the Munahideen in the winter camps near Peshawar and Quetta during 1958-59. In the following years, consideration will be given to an ECA proposal for basic adult literacy training inside Afghanistan that would take advantage of the existing ECA primary school system.

- Manpower Development: manpower needs will be addressed by training Afghans in basic clerical and management skills necessary for the rehabilitation of the country. The activity will be competed among U.S. organizations working with Afghans. The selected organization will conduct classes for developing priority skills as identified by studies. At the same time, the organization will refine skills areas to be taught and course content. The manpower development program will be "portable" so that it can be moved into Afghanistan at the earliest appropriate time. The invitation for applications (IA) will be issued to U.S. organizations now working in Pakistan with Afghans and which are experienced in manpower development

Because of the war in Afghanistan, monitoring of the project-supported schools will be carried out by Afghans trained to examine the existence of schools and, to the extent possible, the quality of teaching. It is expected that USG personnel will begin to assume some of the monitoring tasks, if conditions permit within the life of the project.

ASSISTANCE THROUGH PRIVATE VOLUNTARY
ORGANIZATIONS

PVO Co-Financing (306-0201)
Rural Assistance Project (306-0208)

Background:

Since the beginning of its program, A.I.D. has financed European and American Private Voluntary Organization (PVOs) activities in Health, Food Aid, Education, and Agricultural production. In FY 1986, grants were made to sixteen PVOs (\$5.3 million from Mission and \$4.2 million from AID/Washington funds). Fifteen continuing activities received \$9.4 million in FY 1987. PVOs received \$9.4 million in FY 1988, and expect to receive \$14 million in both FY 1989 and 1990.

A.I.D. funds PVOs in the Health Sector, both for direct provision of health services inside Afghanistan by expatriate and Afghans staff, and through training of Afghans by expatriate and Afghan staff at all levels of health care. Typically those trained will be supplied with pharmaceuticals and equipment appropriate to their skill level. Trained personnel are then to establish health post in association with parties, commanders and local councils (shuras). Monitoring operations are designed to assure, in so far as possible under the conditions, that the post are operating, salaries received, and records kept for purposes of resupply and retraining. Currently these training and supply efforts for Afghans are taking precedence over direct provision of health services by expatriates.

A.I.D. is financing the PVOs through two funding vehicles; the PVO Co-Financing Project and the Rural Assistance Project. Selection criteria under PVO Co-Financing are intentionally broad and flexible. Currently the project is primarily, but not solely, financing health activities (including support to the Committee for Medical Coordination, a group of health PVOs which are trying to standardize medical programs and coordinate their activities).

The Rural Assistance Project (RAP): this project was designed to encourage PVOs who were distributing cash for food to move into activities that are more developmentally-oriented and with an agricultural production bias. The project has four components: cash grants to families for survival in remote areas which are difficult to reach with commodities or other assistance; cash grants to families for emergencies created by military destruction or natural disasters; grants for agricultural development activities; and the grants for vanguard resettlement activities. The RAP is administered by the International Rescue Committee, which reviews proposals and recommends approval or disapproval to A.I.D., monitors PVO activities financed under the project, and assists them in strengthening their administrative capacities.

Progress to Date:

There has been a heavy demand for resources under both the PVO Co-Financing and the Rural Assistance Projects. Three US PVOs have been

financed by A.I.D. to date, whereas several European organizations have been assisted with U.S. funds because some of their personnel are experienced practitioners within Afghanistan and because of their governments' inability to meet their financial requirements. Anticipating that the prohibition of travel of U.S. citizens inside Afghanistan will be lifted in the next year or so and that an increased number of U.S. PVOs will consequently be interested in Afghan operations, the Mission is encouraging European PVOs to look increasingly to their home governments for financial support.

The following is a list of PVOs to which the Mission has made grants over the past three fiscal years:

- American: International Medical Corps
Mercy Corps International
Freedom Medicine
Care
Save the Children Federation
- French: Amite Franco-Afghane
Solidarite Afghanistan/Medical Refresher Course for Afghans
Medicine du Monde
Guilde du Raid
- Belgian: Aide Medicale International/Medical Training for Afghans
Solidarite Afghanistan/Medical Training for Afghans
- British: Afghansaid
- German: German Afghanistan Committee
- Austrian: Austrian Relief Committee
- Swedish: Swedish Committee for Afghanistan
- Multiple PVO: Committee for Medical Coordination

Planned Future Activities:

The primary focus during the resettlement and rehabilitation period will be to help ensure that conditions inside Afghanistan are such that the existing and returning populations are able to sustain themselves. This will mean cooperating with the U.N. and other donors to ensure that the short-term needs of food, shelter, health and clothing can be met. ;

However, if sustained resettlement is to be accomplished, the provision of relief assistance must be designed so as to avoid retarding self-help and local commercial and agricultural development. Similarly, relief

assistance cannot be provided in the absence of activities that will reduce the period of the recipients' dependency on such assistance. To the extent U.S. Government resources and U. N. resettlement capabilities permit, A.I.D. intends to support activities that will facilitate the transition from relief to rehabilitation and construction.

A.I.D. has a number of activities that are already contributing to reducing the dependency of the Afghans on outside assistance, such as the rehabilitation of irrigation channels and farm-to-market roads under the Agriculture Sector Support Project. It would be a mistake to choke these activities or in any way dismantle the institutions and systems that make them possible.

The success of resettlement and rehabilitation will likewise be dependent on the continued willingness and ability of A.I.D. and other donors to "Afghanize" the effort--outsiders cannot do it all; nor will Afghans allow them to do so.

A.I.D. will continue to provide assistance through PVOs during resettlement and rehabilitation but increasingly it will shift its resources from European to U.S. PVOs. European governments are being encouraged to increase their contributions to the PVOs of their respective countries so that A.I.D. funding to non-U.S. PVOs can decrease.

AFGHAN HUMANITARIAN RELIEF (AHR) PROJECT

306-0206

Background: This project implements Department of Defense authorization to provide transportation for humanitarian relief for war-affected Afghans. USAF planes bring serviceable DOD materiel (clothing, tents, sleeping bags, rations), AID funded, and donated items (medicines, medical equipment) to Islamabad, usually twice a month. Wounded Afghans who cannot be treated in Pakistan are airlifted out on one returning cargo flight every other month for pro-bono care (usually highly specialized) in the U.S. or one of several cooperating countries (approximately 17 are now participating). The share of the DOD funds transferred to AID enables O/AID/Rep through contracts and grants to provide vehicles and pack animals to the Afghan resistance for transportation into Afghanistan of the humanitarian commodities from all sources and to screen war-wounded patients and arrange for their care abroad. The AHR project is implemented in close coordination and cooperation with the GOP, which receives and distributes the commodities to the resistance Alliance, and also assists in the patient program.

The Afghan patient evacuation program uses both the USAF cargo flights and commercial aircraft. Two grantees help to implement the program. The International Medical Corps (IMC) provides physicians monthly to identify war-wounded patients who can be treated only outside Pakistan. The Intergovernmental Committee on Migration (ICM) arranges pro-bono care in the U.S. and elsewhere, as well as such commercial travel as may be required.

For FY 1986 the DOD appropriation for humanitarian relief was \$10,000,000, of which just over \$300,000 was spent at AID/REP direction, and about \$2,700,000 by the U.S. Air Force for carrying cargo. In FY 1987, the DOD appropriation for humanitarian activities for Afghanistan and elsewhere was \$17,000,000 (including unspent FY 86 money) of which \$2,000,000 was transferred to AID for expenditure through the AID/Rep office. \$10,000,000 was budgeted for the Afghan program in FY 1988, \$2,800,000 of which was transferred to AID/Rep. Funding levels for FY 1989 are roughly similar.

Purpose: To fund transportation of humanitarian supplies, including DOD "non-lethal" excess commodities, to war-affected Afghans; and to transport war-wounded Afghans to other countries for treatment not obtainable in Pakistan.

Accomplishments to date:

- 65 USAF flights (using C-141 and C-5 aircraft) have been completed;
- approximately 2,250 tons of materiel have been delivered, 92% of it DOD surplus for the Alliance, the remaining 8% is FVO donated;
- 200 war-wounded Afghans, most of them Mujahideen but including a few women, children, and elderly men, have been carried to the U.S. and seventeen other countries for specialized care, and 350 of them have completed treatment and returned;
- over \$1,645,000 has been spent on patient screening and placement in the United State and seventeen European countries.

	Amount	%	01-88
CEP order as of 3/31/88 - 268 cargo trucks	7,281	49%	163
724 3 1/4 ton "	1,637	17%	204
1,090 trucks	959	6%	940

- over 925 pack animals have been flown from the U.S. to Pakistan to augment Mujahideen transport capacity in rough terrain.
- over \$2,300,000 worth of vehicles and mules have been purchased and transferred to the Alliance parties;
- transportation cost of \$267,000 for delivery of medical supplies from PVOs in Pakistan to facilities in Afghanistan have been met by AHR funds;
- equipment (buses for patients, forklifts, trucks) has been purchased for operations, and a warehouse rented.

PL480, TITLE II, FOOD FOR PEACE PROGRAM

Background:

Title II of the Agricultural Trade Development Assistance Act of 1954, as amended, commonly called P.L. 460, is a multipurpose law with basic tenets of stabilizing the U.S. agricultural system; meeting famine or other urgent or extraordinary relief requirements; combating malnutrition, especially in children, outside the United States. The law requires that the program of assistance be directed toward the attainment of humanitarian and developmental objectives and the expansion of agricultural markets in the U.S. and recipient countries.

The objectives of the P.L. 480 Title II program "Emergency Food Relief of War-affected Afghans" is to make a continuing contribution to relieving the plight of war-affected Afghans by ensuring that food stocks are readily available. These grants, in addition to providing actual food commodities, include funds in partial support of the cost to the Government of Pakistan of receiving the U.S. commodities at Port Qasim and transporting exchanged Pakistani wheat, from locations closer to the Pakistan-Afghanistan border, to war-affected Afghans.

Accomplishments to Date:

The P.L. 480 Title II program for War-affected Afghans was initiated at the end of fiscal year 1986 (for the fiscal year 1987) when the US Ambassador signed an agreement with the Government of Pakistan (GOP) to provide 43,000 M.T. of wheat and 17,900 M.T. of edible vegetable oil. The wheat was earmarked for Afghan beneficiaries living in Afghanistan; the edible oil was monetized to help pay for the transportation of the wheat to points inside Afghanistan.

In fiscal year 1988, 60,000 M.T. of wheat were provided along with a \$6 million grant for transportation. During fiscal year 1989, a further 60,000 M.T. of wheat will be provided along with \$3.6 million for ocean transportation financing \$3.0 million for internal inland transportation for wheat at a rate of \$50 per metric ton, for a total program value of \$10.145 million. The wheat has been distributed to the seven parties which make up Alliance.

Planned Future Activities:

With the Soviet troop withdrawal and the anticipated repatriation of millions of Afghans, it is obvious that a shift in food aid strategy is required. Reconstruction needs inside Afghanistan argue for food/cash for work programs rather than the free food distribution program now in place. Moreover, it is likely that the amounts of wheat to be provided in the future will greatly exceed the levels of the past. Free food at these higher levels would distort market prices and create a situation in which local farmers would have no incentive to increase food production.

To design, manage and monitor an expanded and developmentally complex food aid program, the donors require the services of an organization with a proven track record of successful food aid experience. A.I.D. has selected CARE, the preeminent private agency in the field of operational logistics and commodity movement in emergency situations, in the hope that the World Food Program and other donors may also want to take advantage of the CARE expertise and presence.

The Office of the AID Representative for Afghanistan negotiated a six months grant to CARE for the design of an A.I.D.-financed program which places heavy emphasis on cash and food-for-work activities, and to establish an office which will have implementation responsibility for the activities designed by CARE.

EXHIBIT - III-9

18 May 1989

Subject: Shipment of Humanitarian Assistance Commodities to Pakistan via Ocean Freight

1. Reference. Assessment of the Afghanistan Humanitarian Relief Program (Project 306-0206), 4 May 1989
2. During the conduct of referenced assessment, Lt Col D'Angelo and myself visited the USAID Karachi Transportation Office on 2 May and discussed ocean shipping procedures with Mr. Saleem Khan and his supervisor, Mr. Khan.
3. Key information obtained.

a. Standing contracts are in-place for the movement of light cargo/containers from Karachi overland to major cities in Pakistan. Either 20 or 40 ft container can be moved.

b. Movement of heavy equipment requires separate contracts which must be processed approximately 30 days prior to the estimated date of the movement request. There are 4 contractors available in the Karachi area who have capability and capacity to move heavy equipment cross-country.

c. Containers are moved directly from the port to inland destinations. However, heavy equipment must be moved from the port to the USAID Transportation storage yard. The equipment is inspected for damage (that occurred during shipment) and then scheduled for inland transport with the commercial carrier.

d. USAID routinely has 4-5 days to clear cargo from the port after it is discharged. However, heavy equipment must be cleared within 48 hours after discharge or the demurrage charges are very stiff.

e. Charges

(1) Port handling and wharfage charges are not normally included in quoted transportation charges.

(2) Stevedore charges on a 40 ft container are approximately Rs 3,000 or \$150; this is the only charge applicable to containers unless they must be hauled to the USAID storage yard, which costs \$75.

(3) Stevedore charges are not applicable to heavy equipment but crane, labor, trailer/cartage and wharfage charges may be. Based on available files, an average cost for discharge and clearance of a piece of heavy equipment is Rs 9,000 (\$450).

(4) Inland transportation charges per container(Rs/\$)

<u>Size Container</u>	<u>Destination</u>		
	<u>Islamabad</u>	<u>Peshawar</u>	<u>Quetta</u>
20 ft outbound	6,653/333	8,000/400	7,792/390
40 ft outbound	13,835/692	14,935/747	11,621/581
20 ft return	4,226/211	4,505/225	6,770/339
40 ft return	7,286/364	7,855/393	11,255/563

(5) Demurrage charges on container held longer than 10 days at destination range from Rs 250-400 (\$13-20) per day.

(6) Insurance, if desired for the ocean leg, should be purchased from the shipper. Inland insurance costs .0025% of the value of the cargo and Mr. Khan can arrange for it if its desired (he recommended it for movement of equipment).

f. Administrative Procedures

(1) MTMC uses DD Form 1386 (manifest) but it is seldom received far enough in advance of the arrival of the cargo to allow for processing of port clearance paperwork and contracts for movement of heavy equipment. Cargo information from the 1386 is required by USAID(K) as soon as the equipment is loaded for shipment.

(2) USAID must also process a request for customs clearance.* This information should be provided via message/telex/phone as soon as available. This form can be processed in approximately 2-3 days.

g. Points of Contact

(1) Telex: 23550 AIDKPK

(2) Message: USAID(PAK) Liaison Officer Karachi Pak

(3) Mail: USAID Liaison Officer (CCSC), Road 1, SMCHS, Karachi, Pakistan

Cable: USANPAK
 Assistant Collector of Customs
 for Appraisalment
 Customs House, Karachi

Through: Economic Affairs Division, Government of Pakistan, Karachi

Dear Sir:

In accordance with Article III, Paragraph 2 of the 1951 Agreement for Technical Cooperation between the Government of Pakistan and the Government of the United States of America, the privilege of duty free entry is requested for the under mentioned consignment which is being imported pursuant to the terms of that agreement on behalf of the United States Agency for International Development. The Goods are expected to arrive/arrived in Karachi on the SS _____ on or about _____.

<u>Bill of Lading/ Airway Bill No.</u>	<u>Quantity</u>	<u>Consignee</u>	<u>Description</u>	<u>Weight in Kgs.</u>	<u>Value in Rs.</u>
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Sincerely yours,

GOVERNMENT OF PAKISTAN
 MINISTRY OF FINANCE AND ECONOMIC AFFAIRS
 ECONOMIC AFFAIRS DIVISION

No.1/(2)EC/8

Karachi, the

19:

Certified that U.S. AID Mission is a privileged organization and consignment may be allowed duty free.

(4) Telephone: 051-440091 (main office) or 051-430392
(Mr Khan)

(5) Executive Officer is Mr. Mike Curtis, USAID
Islamabad, Pakistan

LTC Mike Koch, x71064/71535

Attachment

* USAID Customs Form